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ABSTRACT

This 1998-2000 State Plan for the Texas Planning Council for Developmental Disabilities presents the Council's future goals and objectives to enable people with developmental disabilities to be fully included in their communities and exercise control over their own lives. Section 1 provides information on the Developmental Disabilities and Bill of Rights Act, Texas' application of the federal definition, and the scope of services in Texas. Section 2 reviews the role of the Developmental Disabilities Council and the Texas Rehabilitation Commission. Section 3 provides an overview of state agencies and the services they make available to Texans based on an analysis of their plans and other major reports. Section 4 describes federal priority areas and presents plan objectives and goals for fiscal year 1998-2000. Goals include: (1) people with disabilities are included throughout all life experiences; (2) people with disabilities have power and control over their own lives; and (3) people with disabilities have the available supports and services to allow them to make choices about the way they live. Projected funding for objectives is also included. The last two sections provide assurances and budget data. Appendices include a profile of grant projects, position papers, and an analysis of public input. (CR)

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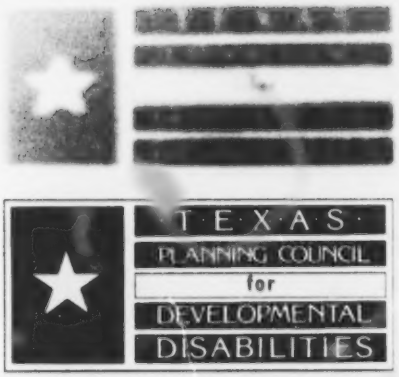

State Plan

for Texans with Developmental Disabilities

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TEXAS PLANNING COUNCIL for DEVELOPMENTAL DISABILITIES

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August 8, 1997

The Honorable George Bush
Governor of Texas
State Capitol Building
Austin, Texas 78701

Dear Governor Bush:

We respectfully submit the 1998-2000 State Plan for the Texas Planning Council for Developmental Disabilities. In 1997, the Council developed the goals, objectives and strategies described in the State Plan. The Council completed with a review process that included a survey with considerable opportunities for public input. As a result, we believe the plan incorporates the concerns of stakeholders and provides strategic direction for Council activities in the coming year.

We thank you for your previous and continued support.

Sincerely,

Jan R. Newsom
Chair

Roger A. Webb
Executive Director

Enclosure
cc: Council Members

Working for independence, productivity and community inclusion.

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Developmental Disabilities
Three Year State Plan
Fiscal Years 1998-2000

Fiscal Year
1998

State
of
Texas

Prepared and Submitted

by

The Texas Planning Council for Development Disabilities

Jan R. Newsom
Chair

Roger A. Webb
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Date Submitted: August 15, 1997

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Introduction

Purpose of the State Plan

The State Plan on Developmental Disabilities is developed in order to:

Provide assistance to State Developmental Disabilities Planning Councils and other State officials involved in the review and preparation of a State Plan under the requirements of the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1996, **P.L. 104-183**, Part B, **"Federal Assistance for Planning Priority Area Activities for Persons with Developmental Disabilities;"**

Advise citizens of Texas about the Developmental Disabilities Basic State Grant Program, its goals, objectives, activities, programs and procedures, to enable them to participate in the planning process and to be knowledgeable about the manner in which the State Developmental Disabilities Program operates; and

Provide the Administration on Developmental Disabilities and the Secretary of Health and Human Services with reliable, useful information upon which to base current and future national policy regarding the Basic State Grant Program and the needs of individuals with developmental disabilities and their families.

Mission Statement

The mission of the Texas Planning Council for Developmental Disabilities is to create change so that all people are fully included in their communities and exercise control over their own lives.

Section I: Definition of Developmental Disabilities and Impact

Background: Developmental Disabilities and Bill of Rights Act

As noted in the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1994 (DD Act), "the term "developmental disability" means a severe, chronic disability of an individual 5 years of age or older that —

(A) is attributable to a mental or physical impairment or a combination of mental and physical impairments;

(B) is manifested before the individual attains age 22;

(C) is likely to continue indefinitely;

(D) results in substantial functional limitations in three or more of the following areas of major life activity: (i) self care, (ii) receptive and expressive language, (iii) learning, (iv) mobility, (v) self-direction, (vi) capacity for independent living, and (vii) economic self-sufficiency; and

(E) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated; except that such term when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided." [P.L. 104-183, Title I, Part A, Sec. 103(8)]

In the DD Act Amendments of 1994 and 1996, Congress expanded upon the basic findings that focus on the most progressive approaches for enabling individuals with developmental disabilities to achieve their maximum potential through increased independence, productivity, and integration into the community. The legislation states:

"The Congress finds that —

(1) in 1993 there are more than three million individuals with developmental disabilities in the United States;

(2) disability is a natural part of the human experience that does not diminish the right of individuals with developmental disabilities to enjoy the opportunity to live independently, enjoy self-determination, make choices, contribute to society, and experience full integration and inclusion in the

economic, political, social, cultural, and educational mainstream of American society;

(3) individuals with developmental disabilities continually encounter various forms of discrimination in critical areas;

(4) there is a lack of public awareness of the capabilities and competencies of individuals with developmental disabilities;

(5) individuals whose disabilities occur during their developmental period frequently have severe disabilities that are likely to continue indefinitely;

(6) individuals with developmental disabilities often require lifelong specialized services and assistance, provided in a coordinated manner by many agencies, professionals, advocates, community representatives, and others to eliminate barriers and to meet the needs of such individuals and their families;

(7) a substantial portion of individuals with developmental disabilities and their families do not have access to appropriate support and services from generic and specialized service systems and remain unserved or underserved;

(8) family members, friends, and members of the community can play an important role in enhancing the lives of individuals with developmental disabilities, especially when the family and community are provided with the necessary services and supports;

(9) there is a need to ensure that services, supports and other assistance are provided in a culturally competent manner, that individuals from racial and ethnic minorities backgrounds are fully included in all activities under this Act, and that greater efforts are made to recruit individuals from minority backgrounds into the field of developmental disabilities; and

(10) the goals of the nation properly include the goal of providing individuals with developmental disabilities with the opportunities and support to —

(A) make informed choices and decisions;

(B) live in homes and communities in which such individuals can exercise their full rights and responsibilities as citizens;

(C) pursue meaningful and productive lives;

(D) contribute to their family, community, State, and Nation;

(E) have interdependent friendships and relationships with others; and

(F) achieve full integration and inclusion in society, in an individualized manner, consistent with unique strengths, resources, priorities, concerns, abilities, and capabilities of each individual." [P.L. 104-183, Title I, Part A, Sec. 101]

Texas' Application of the Federal Definition

The Council uses the Federal definition of developmental disabilities. It is used to determine that people with developmental disabilities are the recipients of grants program services, and is also referenced in all policies, procedures, planning and advocacy documents and activities of the Council.

The Texas Council was the recipient of a Project of National Significance award to study the impact of altering the definition of developmental disabilities. The Council concluded, at the end of the study, that the definition should be altered to remove the age of onset from the definition. No other change was recommended.

Texas has no single agency of state government that is responsible, by statute, to provide services to people with "developmental disabilities." Rather, responsibility for services and programs that affect people with developmental disabilities is spread over several agencies with responsibilities for specific programs or specific groups of Texans that include people with developmental disabilities.

Effect of Developmental Disabilities on Individuals, their Families and their Communities

Across the State, families express frustration with the current human service delivery system. One participant in a 1995 focus group referred to the service delivery systems and problems of access as "the qualifying game," saying that gaining access became the focus for individuals with disabilities or their families.

Because of severe and chronic impairments, individuals with developmental disabilities need an array of services and supports that are individually planned and coordinated. Families continue to bear the major responsibility for providing or arranging for care and services.

Appropriate support of individuals with developmental disabilities in communities is a significant concern in Texas as the number of Texans with chronic and multiple impairments continues to increase. The existing service delivery system lacks the capacity to provide a basic level of services to all families who need assistance.

State Prevalence of Developmental Disabilities

Historically, the Council relied upon the Boggs and Henney rate of 1.57% to estimate the number of non-institutionalized individuals with developmental disabilities within the general State population. Currently, Texas uses three prevalence rates to estimate and project the total number of Texans with developmental disabilities, including those living in institutions as well as the community. These prevalence rates, which were developed by the Governor's Planning Council on Developmental Disabilities, Minnesota State Planning Agency, provide a range — low, middle, high — for estimating the number of individuals with developmental disabilities. The low prevalence rate provides projections based on the assumption that the number of Texans with developmental disabilities accounts for 1% of the state's general population. The middle and high prevalence rates are 1.6% and 2.4%, respectively.

Table 1 displays projections of the number of individuals with developmental disabilities in Texas based on population estimates provided by the U.S. Bureau of the Census and the Texas State Data Center. The estimates show that Texas has experienced substantial growth in the first part of the 1990s and indicate the number of Texans with developmental disabilities is increasing. Using the lowest prevalence rate, it is estimated that there will be over 196,000 Texans with developmental disabilities in 1998. Using the middle range prevalence rate, there will be over 313,600 Texans with developmental disabilities, and using the highest prevalence rate, there will be over 470,400 Texans with developmental disabilities in 1998.

The Council recognizes that the population projections in this plan, although useful, clearly do not provide an empirical count of the number of Texans with developmental disabilities.

Table 1
Prevalence of Developmental Disabilities

YEAR	GENERAL POPULATION (1)	DD POPULATION (2) Low	Middle	High
1995	18,700,000	186,000	297,600	446,400
1996	19,000,000	190,000	304,000	456,000
1997	19,300,000	193,000	308,800	463,200
1998	19,600,000	196,000	313,600	470,400

(1) General population figures are rounded and based on March 1996 projections, and an October 1996 estimate for 1995, under one scenario. (Steve H. Murdoch, Texas State Data Center)

(2) Estimates for the Texas developmental disabilities population are based on the prevalence rates developed by the Governor's Planning Council on Developmental Disabilities, Minnesota State Planning Agency, taken from ***A New Way of Thinking****, University of Minnesota, January 1987.*

The State Context

1990 Report:

In its 1990 Report, the Council analyzed problems in state government related to the needs of individuals with developmental disabilities, their families and service providers. The Council made 22 recommendations to improve services and access to services based on an analysis of the data collected.

The 1990 Report recommendations were ambitious, but the Council shaped them to reflect the major steps needed to ensure Texans with disabilities would have access to services and supports they need. The 1990 Report could not have been developed at a more opportune time. The State leadership was looking at major reforms and the Council was in an ideal position to make recommendations on how the service delivery system should be changed to best meet the needs of consumers.

Performance Review Team:

The Governor, Lt. Governor, Comptroller and Legislature began a comprehensive review of State government in 1990. A State Performance Review Team was established to conduct agency-wide audits of all state agencies and their functions. The Council was actively involved in the review process.

The Performance Review Team examined 14 health and human service agencies and determined that a total of 25 agencies were routinely involved in some aspect of service delivery. The 14 agencies employed over 60,000 individuals and delivered services through 300 different programs and activities. Various regional delivery systems were used by the agencies and their geographic boundaries varied from six to eleven. Approximately half of all health and human services employees worked in state facilities or institutions such as state schools and hospitals and youth correction facilities.

In July 1991, the Performance Review team completed the most extensive review of government operations ever conducted in Texas. The analysis presented in Breaking the Mold, New Ways to Govern Texas, identified many of the same issues presented in the Council's 1990 Report.

The Performance Review Team concluded the "system in Texas is currently operated through many different structures with no common planning or coordinating mechanism that can provide a long-term as well as a short-term "vision" about how to respond to coming pressures for more as well as improved services." The team recommended a model health and human services system that would integrate and streamline system-wide planning, budgeting and service delivery.

House Bill 7:

In response to these findings, the 72nd Texas Legislature established the Health Human Services Commission (HHSC). HHSC is responsible for developing a comprehensive, coordinated system of support services that is accessible to the citizens of Texas. HHSC reports to the Governor and has certain budget and rule oversight authority over the:

- Texas Commission for the Blind
- Texas Department of Health
- Texas Department of Human Services
- Texas Department of Mental Health and Mental Retardation
- Texas Rehabilitation Commission
- Texas Commission for the Deaf and Hard of Hearing
- Texas Department on Aging
- Texas Commission of Alcohol and Drug Abuse
- Interagency Council on Early Childhood Intervention
- Texas Juvenile Probation Commission
- Texas Department of Protective and Regulatory Services

HHSC was mandated to submit a six-year health and human services strategic plan to the Governor, Lieutenant Governor and the Speaker of the House during the 73rd Legislature. HHSC was also mandated to submit an implementation plan for consolidating these agencies.

House Bill 7 required several interagency initiatives to support service delivery. Among the initiatives are client access pilot projects, an integrated database network, integrated eligibility screening, Medicaid managed care demonstration projects and co-location of agency field offices.

The 73rd Texas Legislature passed House Bill 1510 which amended the Health and Human Services Act and revised the transfer of certain programs. H.B. 1510 contained changes involving program transfers such as moving investigations of nursing home abuse and neglect to the Department of Human Services. The bill also attempted to improve planning for services for individuals with mental retardation.

Since the passage of HB 7, other significant developments have taken place. Texas has applied for a Medicaid 1115 waiver in conjunction with development of managed care pilots. While the waiver was not granted, the Medicaid managed care pilots are being implemented. People with disabilities will be included in the pilots on a voluntary basis.

Another significant development related to the Performance Review Team's findings relate to the lack of coordination in the service delivery system. An Interim Study of the Legislature considered creating a Long Term Care agency in state government. HB40,

passed by the 75th Legislature, directs the THHSC to study and report on the feasibility of replacing several long term care waivers with a single waiver to reduce duplication and provide flexibility to the State.

Closure Study and Facility Review Task Force:

One of the most significant activities the Council initiated in recent years addressed community based services. The Council offered funding to the State leadership to examine issues involved in finding alternatives to state school institutions for individuals with mental retardation and developmental disabilities.

The Council also funded the preparation of a briefing paper to address questions policymakers had regarding closure or consolidation of state schools for mental retardation. The report, "Issues in the Closure of State Schools in Texas: A briefing paper," was prepared by Dr. Braddock.

The briefing paper provided information supporting increasing use of community options and decreasing dependence on state schools.

A Governor-appointed, five-member task force was established to study closure or consolidation of TXMHMR facilities. The TXMHMR Facility Review Task Force was created by the 72nd Legislature in 1991 in conjunction with a plan to end the Lelsz vs. Kavanagh lawsuit. The Task force was charged with determining which, if any, TXMHMR state facilities should be recommended for closure or consolidation. Funding and staff support for the Task Force was provided by the Council.

The Facility Review Task Force recommended, and the Governor concurred, that two state schools be closed. Since that time TXMHMR has completed a state school closure plan. Two state schools have closed and 1,521 residents of state schools have been placed in community settings. The state school census is projected to be 5,737 at the end of August 1997. This census is projected to decrease by 150 in FY 98 and 175 in FY 99.

Education Reform:

Educational funding has been an issue since the 1980s. In 1989, the Texas Supreme Court ordered the legislature to correct funding inequities for public schools. Subsequent legislatures devised plans which were not acceptable to the Supreme Court. In 1993, the 73rd Legislature passed Senate Bill 7 which requires wealthy school districts to equalize their wealth advantage by providing tax revenue to less affluent school districts. In December 1993, a district court judge upheld the constitutionality of the school financing system with the exception of facilities funding. Senate Bill 7 modified the funding weights for special education students to encourage placement of students with disabilities in the least restrictive environments for

educational purposes. The bill removed financial disincentives to placing students in the least restrictive environments.

Governor Bush presented a proposal for reformed school financing in his budget to the 75th Legislature in 1997. The legislature chose to pass a limited financing reform which will be sent to Texas voters in August of 1997. This plan will increase the homestead exemption from $5000 to $15,000, and implement other property tax revisions. The outcome of this constitutional amendment and its impact on education is unclear at present.

On a similar front, Texas began to focus on student achievement, excellence, and equity in education for all students. A Leadership Initiative for Improving Special Education Services was developed in 1991 to help the Texas Education Agency achieve its goal of excellence and equity for all students. The focus of the initiative is to provide educational services to students with disabilities in regular classrooms. The Council sent letters of support for this initiative which sets forth a vision of inclusion of students with disabilities in regular classrooms.

Full inclusion of all students has not yet been realized, but significant progress has been made. Awareness of the value of full inclusion has grown and more districts are implementing inclusion programs.

The Texas Education Code was rewritten by the 74th Legislature in SB 1. One of the major changes included a transfer of authority for special education rulemaking from the State Board of Education to the TEA commissioner, shifting rulemaking from a body of elected officials to one appointed individual. Some TEA Special Education responsibilities were shifted to the regional service centers, while central agency staff were greatly reduced.

Another initiative included the creation of 20 charter schools, authorized to develop innovative approaches for specific populations, primarily students at risk of dropping out. In 1997, the 75th legislature added authorization for 80 new charter schools. Charter schools receive state and local funding, as well as any available federal funds for special programs.

Vouchers which would allow students to attend the school of their choice (public or private) were proposed in both the 74th and 75th legislatures. These proposals were defeated, but the concept continues to interest some legislators and parents.

House Bill 1800, passed by the 75th legislature in 1997, requires that Texas Assessment of Academic Skills (TAAS) results for students receiving special education services be included in the base TAAS indicator used to accredit districts and rate campuses by the 2002-03 school year.

Lastly, the Individuals with Disabilities Education Act (IDEA) was amended and reauthorized in spring of 1997. The reathorization assured continued federal funding and educational benefits for students with disabilities.

Health Care:

Texas begin implementing managed care projects in 1993 after this approach was recommended in the Comptroller's 1991 Texas Performance Review. The initial project was implemented in Travis County and began serving 27,000 Medicaid patients. The project incorporates a Health Maintenance Organization (HMO) and Pre-paid Health Plan into a single delivery system. It is expected that this approach will expand preventive and primary health care opportunities for Medicaid clients. The movement toward managed care for Medicaid funded health care continues with an expanded number of pilot projects being implemented. People with disabilities were not to be included in the pilot projects as first conceived. However, advocacy groups felt that a system that was developed without people with disabilities would be unlikely to meet the needs of people with disabilities. An advocacy effort was undertaken and, as a result, people with disabilities are being included on a voluntary basis in the pilot projects.

Texas is also making a more concerted effort to meet the needs of individuals who are elderly or have disabilities and often require more care. In November 1993 the Long Term Care Task Force was appointed to guide the Health and Human Services Commission (HHSC) in meeting the needs of Texans who are aging or have disabilities. The Task Force was comprised of 24 members representing consumers, providers, local government, state agencies and the public. The Task Force recommended a long term care agency in state government as a means of implementing a comprehensive system of long term care, focusing on local service needs and the state administrative structures that would best support those needs. HB 460, signed into law in 1997, directs HHSC to study and report on the feasibility and advisability of consolidating a number of long term care, home and commmunity-based waivers, to reduce duplication and increase flexibility. HB 663, also passed in 1997, will require HHSC to pilot the development of a uniform functional assessment process. The purpose of this legislation is to evaluate the effectiveness of identifying people's service and support needs based on functional needs rather than by label or diagnosis.

Information & Referral:

In 1989 the Council funded a statewide Information and Referral Task Force to gather information on the extent and scope of information and referral services throughout the state. Along with detailing the need to improve information and referral services in Texas, a major Task Force finding was the lack of any statewide, regional or local information service specializing in assistive technology. Recognizing the need, the Council funded a project to develop a statewide information and referral "network." The project is funded until August 1998 and is expected to produce a locally delivered,

statewide coordinated information and referral system as its product. On-going funding for the project has not been secured although the project has begun long term funding development activities.

Other Environmental Factors

Demographics:

According to estimates provided by the U.S. Census Bureau and the Texas Data Center, Texas has experienced substantial growth during the 1990's. It is estimated Texas' population increased from 16.9 million on the census date of April 1, 1990 to an estimated 18,723,991 on July 1, 1995. (*The Population of Texas: Historical Patterns and Future Trends Affecting Health Care.* Steve Murdock, Ph.D., Department of Rural Sociology, Texas Agricultural Experiment Station, Texas A&M University System. 1996. All data quoted in this section are from this source unless otherwise stated.) The increase in the Texas population of 10.2 percent during this period was the second largest of the four largest states in the nation. Texas is now the second most populous state in the nation.

The major demographic trends affecting the future of Texas are: aging of the population, increases in the minority population, and changes in household composition.

Even though the state has a large population, the majority of the state geographically is rural. In 1990, 58.1% of the State's population was concentrated in six metropolitan statistical areas (Houston, El Paso, Austin, San Antonio, Dallas and Fort Worth). Conversely, 95 of the State's 254 counties had populations less than 10,000 (Census of Population and Housing, 1990). Texas continues to show this trend of a combination of a few large metropolitan areas and a large, sparsely populated geographic area.

Another major demographic trend is that the state is becoming more multicultural. According to the 1990 Census, Hispanics represented 25.5%, African Americans 11.7%, and other minorities 2.1% of the general population. Estimates indicate Hispanics will constitute 45.9% of the state's total population by 2030. Texas not only has the second largest Hispanic population in the nation, but is also home to five of the six largest cities nationally with a majority population of persons of Hispanic origin (Brownsville, El Paso, Laredo, McAllen, and Corpus Christi). Many of these individuals have limited English proficiency and reside in traditionally underserved geographic areas.

The African-American population is projected to decrease from 11.7% in 1990 to 9.5% by 2030 and the population groups included in the term "others" (Asian-American, Native-American, etc.) is projected to increase from 2.1% to 7.9%. The Anglo

percentage of the total population is projected to decrease from 60.7% of the population to 36.7% by 2030.

The largest population group by age in Texas is persons under 25 years of age; the second largest is those 25 to 44 years of age. The third and fourth largest are persons 45-64 and 65+ years of age respectively. These trends cut across all ethnic groups but are more exaggerated in minority populations. This means that minority groups in Texas contain more persons who are young and fewer that are old than the population at large. Since these same groups are more likely to have lower median incomes than the Anglo population, it appears that minority populations contain more young persons and fewer elderly persons living in poverty. It appears also that these persons are also more likely to be living in a traditionally under served area of the state. A conclusion may be drawn from this finding that Texas should be expending more of its human services resources on young minority populations.

As anticipated by forecasters, the aging baby-boom generation, individuals 45-64 years of age, has grown in total numbers. However, this group is expected to represent a decreased proportion of the total population (33% in 1990 and 30.9% by 2030).

Texas Faces Fiscal Constraints:

The Texas Comptroller of Public Accounts has projected that the Texas Gross State Product will continue to grow by approximately 3% per year through 1996, at a rate slightly above the national average. The Texas unemployment rate is projected to fall slowly from the 6.7% level of 1992 to 5.1% in 1998. Even with these indicators, it appears that Texas will have a difficult time meeting the service needs of the State's population.

According to the U.S. Bureau of the Census, Texas has a high proportion of people from low income and poverty households, with an estimated 17.8% of the general population living at or below the poverty level. Simultaneously, the poverty rate for children approximated 24% of all Texas children.

The Texas counties bordering on Mexico have a disproportionately high percentage of their populations living in poverty influenced by the dynamic growth of "colonias" (informal communities without infrastructure). In the six southernmost counties bordering on Mexico, 29 to 60% of the population lives in poverty.

Inflation also impacts the ability of the state's agencies to meet the needs of its citizens. Although inflation is not expected to change dramatically over the coming years, it will continue to be a factor.

The State's financial ability to meet the needs of a growing population with increasing service needs was a major concern highlighted during the 73rd Legislative session. A

bill was introduced during that session which would have cut general revenue spending for health and human services by $433 million from 1993 levels. The bill would have drastically reduced nursing home services and community care for the frail and elderly. It would also have cut medical care to low-income pregnant women and reduced the length of Medicaid covered hospital stays. The hard work of many prevented these cuts, but general revenue for health and human services still fell short of meeting the growing needs of Texans.

The State budget for 1994-95, compared to the 1992-93 biennium, increased general revenue spending for health and human services by $1.8 billion. Even with this increase, many service problems were not addressed. An increase in the need for long-term care led to significant delays due to inappropriate staff levels to meet the growing demand. Many remained on waiting lists of human service agencies for varied services.

In the 75th legislative session of 1997, the legislature passed an $86.2 billion budget for fiscal years 1998-99, a 6.8% increase over the current biennium. This included a $1 billion increase (about 4.2%) for health and human services, including some funds to decrease the waiting lists for home and community based services and other programs. In addition to the budget, lawmakers focused on two substantive areas that take up hefty portions of the health and human services budget; managed care and long term care. Significant bills were passed on both these topics.

TDHS was allocated $14.2 million for its community based waiver program, which, when combined with federal funds, will serve up to 18,000 individuals in 1998 and 22,000 in 1999. The Community Living Assistance and Support Services (CLASS) program received an additional $4.5 million to serve 210 more individuals from the waiting list, which now has 3,117 individuals on it. Another $6.1 was approved for TXMHMR's Home and Community Services waiver, allowing 473 more clients from the waiting list to be served. TDH received $2 million to expand the Medically Dependent Children's waiver, providing services for an additional 64 children.

Unserved and Underserved Populations:

Based on the way Texas designed its service delivery system, more services are available for persons with mental retardation and mental illness than for person with other disabilities. This has resulted in a) longer waiting lists where comparable services are available and b) absent waiting lists where no programs exists to provide services. Moreover, services are inadequate to provide long-term supports for employment for persons with other than mental retardation or mental illness.

Texas Needs to Increase Family Homes and Community Services:

Residential services have increased both as a result of lawsuits and as a response to the needs and wishes of consumers. It is generally agreed that individuals are best served in their home communities.

Until 1990, ICF-MR facility and ICF-MR home and community-based waiver services programs were limited to individuals with mental retardation. The 71st Legislature addressed this issue and approved an appropriations rider directing the TDHS to initiate an ICF program for individuals with developmental disabilities other than mental retardation. The ICF-MR/RC (Level VIII) program was implemented to meet this need.

In December of 1990, the Health Care Financing Administration approved the ICF-MR/RC waiver program, known as Community Living Assistance and Support Services (CLASS). The CLASS program is designed to help individuals with disabilities live, work, and play in the community.

Recently the federal Health Care Financing Administration approved a request from Texas for a Medicaid waiver program that would provide 22,000 Texans with a choice between community-based services or nursing facility care over a three-year period. However, the lack of state matching funds for this program threatens to minimize its potential impact.

Although waiver programs such as CLASS and Home and Community-Based Services (HCS) offer more choice and are less expensive, ICF/MR's will remain the primary vehicle through which the majority of community living arrangements are provided until waiver services are more widely available.

The need for development and expansion of all types of community services for Texans with developmental disabilities and their families continues. From the perspective of the Council, it is clear that families, service providers, and primary consumers with disabilities believe that the need for increased residential and support services is paramount.

In Texas, a shortage of residential alternatives continues. In most areas, there is adequate housing; the shortage is in residential alternatives with support services for individuals who require ongoing assistance with the activities of daily living. The major problem with the existing residential services system is that all programs are full and nearly all programs have waiting lists. The rapidly growing population in Texas will likely intensify demands for alternatives.

The Council has funded, through three grants, a consumer-controlled housing initiative. The first of the grants was awarded in 1993, and will end in 1997. The second grant continues this effort, and a new work plan begins in 1997 and continues to 2000. The third grant provided support to the agency associated with the national Home of Your

Own Alliance. This grant also receives funds from the Texas Housing agency. The grants coordinate their activities, and are expected to increase home ownership among people with disabilities in Texas.

Scope of Services in Texas

The 1990's have brought many new challenges to Texas which impact the service delivery system for individuals with disabilities. As the state legislature continues to struggle with the budget there is uncertainty about future funding for health and human services.

"Managed Care" has come to be a watchword of the nineties. Health Care Reform proposals have transformed into discussions of implementation of managed care systems in both health care and human service delivery systems. With "reengineering" of delivery of Texas Rehabilitation Commission services, development of a managed care system of service delivery for mental health services and a proposed managed care system for mental retardation services, the service delivery system in Texas has a "new face." Whether the new look will affect access to services positively remains unknown, but certainly, change is rapidly occurring. The continuing move toward a managed care model for Medicaid services will affect access to acute health care services as well as long term care services. The Texas Legislature will likely address these issues in the coming years.

The state will continue to have to respond financially to federal mandates regarding health care, services to individuals who are elderly or have disabilities and income assistance to families and their children. The changes in the federal welfare law will have an impact on a state where a large number of households live in poverty. The state may also continue its effort to restructure school financing. Finally, the state will have to address an aging transportation system, a problematic prison system and the overall and growing needs resulting from its geographical and demographic diversity.

Though laudable efforts have been initiated to improve the service delivery system, services remain fragmented, resulting in gaps and barriers to services for individuals with disabilities. Many of the same factors continue to have an adverse impact on access to services, including narrow eligibility criteria and duplicative intake procedures at multiple locations through separate service delivery systems. Program design, funding, evaluation and accountability continue to fall short. Incompatible and incomplete management, data collection, information sharing and computer systems and methods are also barriers to service delivery. Agency policies and differing disability definitions are additional impediments to a comprehensive, efficient and effective service delivery system.

As a result of the varying definitions and insufficient data collection, information about the actual numbers and needs of individuals with developmental disabilities continue to be estimated.

Section II: The State Developmental Disabilities Council

The purpose of the DD Act, as stated in the DD Act Amendments of 1994, is "to assure that individuals with developmental disabilities and their families participate in the design of and have access to culturally competent services, supports, and other assistance and opportunities that promote independence, productivity, and integration and inclusion into the community, through:

(1) support to State Developmental Disabilities Councils in each State to promote, through systematic change, capacity building, and advocacy activities that are consistent with the policy under subsection (c) (2), a consumer and family-centered, comprehensive system, and a coordinated array of services, supports and other assistance for individuals with developmental disabilities and their families;

(2) support to protection and advocacy systems in each state to protect the legal and human rights of individuals with developmental disabilities;

(3) support to university affiliated programs to provide interdisciplinary pre-service preparation of students and fellows, community service activities, and the dissemination of information and research findings; and

(4) support to national initiatives to collect necessary data, provide technical assistance to State Developmental Disability Councils, protection and advocacy systems and university affiliated programs, and support other nationally significant activities." [P.L. 103-230, Sec. 101(b)]

Further, as required by the DD Act, Texas has in effect "a system to protect and advocate the rights of individuals with developmental disabilities." (P.L. 103-230, Sec. 142). The Council works closely with Advocacy, Inc., the State protection and advocacy agency, to ensure the protection of the legal and human rights of individuals with developmental disabilities. The Executive Director of Advocacy, Inc., is a member of the Council. In addition, per the bylaws of Advocacy, Inc., a Council member serves on their governing board.

Texas Planning Council for Developmental Disabilities

The Council is a planning body composed of 30 members. It includes individuals with developmental disabilities, immediate relatives or guardians of individuals with developmental disabilities, the State protection and advocacy system, representatives of the principal State agencies, higher education training facilities, local agencies, and nongovernmental agencies and groups concerned with services to individuals with developmental disabilities.

Provisions of the Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1994 (P.L. 103-230) require that at least 50% of the Council membership consist of individuals with developmental disabilities, their parents or guardians. Of that 50%, one-third must be immediate relatives or guardians of individuals with mentally impairing developmental disabilities. At least one Council member must be an immediate relative or guardian of a formerly or currently institutionalized individual with a developmental disability.

Members are appointed by the Governor for staggered, six-year terms. The Governor appoints the chief executive officer from each of the principal State agencies to serve on the Council. The chief executive officer may serve as a Council member or may designate another staff member to be the agency representative. In addition, at least one agency staff member serves as an alternate to attend meetings the agency representative cannot attend. The term length of each agency representative is set by the individual agency commissioners. For all other members to the Council, appointments are six-year terms. The Governor designates a member of the Council to be the presiding officer. The State agency representative may not serve as chair or vice-chair.

The DD Council is located within the Texas human services delivery system at the Texas Rehabilitation Commission (TRC). The TRC is one of Texas' principal authorities on matters relating to employment for individuals with disabilities (other than visual impairments) by virtue of its responsibilities for the state's general vocational rehabilitation program and other related employment and independent living services.

The DD Council Chairman of the Council is Jan Newsom, TPCDD, 4900 North Lamar Blvd. Austin, TX, 78751 (512) 483-4080. Roger A. Webb serves as the Executive Director, TPCDD, 4900 North Lamar Blvd. Austin, TX. 78751 (512) 483-4081. Other members are listed by membership category in Table 2.

Table 2
Texas Planning Council for Developmental Disabilities Roster
Fiscal Years 1998-2000

FEDERAL STATUTORY MEMBERS	MEMBER NAME	DATE APPT.	APPT. EXPIRES	REMARKS
A. Consumers				
1) Individuals with DD	Shenikwa Cox	1991	1997	
	Robert Hester	1996	2001	
	Beth Holt	1993	1997	
	Jeri Houchins	1996	2001	
	Gary Kay	1996	2001	
	Hector Saenz	1992	1997	
	Charley Tiggs	1996	2001	
2) Parents or Guardians of Individuals with DD or Immediate Relative or Guardian of an individual with a Mental Impairing DD	Joe Colunga	1996	1997	
	Mary Durheim	1996	1999	
	Genevieve Hearon	1991	1997	
	Theda Hoyt	1996	2001	
	Federico Marquez	1991	1997	
	Jan Newsom	1992	2001	
	Rebecca Ratliff	1996	2001	
	Linda Vancil	1996	2001	
3) Representative of Individuals in Institutions	Genevieve Hearon	1991	1997	
4) Interested Individual	Raul Garza	1993	1999	
	David Benson	1993	1999	
B. Principal State Agencies				
1) Rehabilitation Act	Kaye Beneke	N/A	(1)	TRC
	Nansi Morris	N/A	(1)	TCB
2) Individuals with Disabilities Education Act	Tom Cowan	N/A	(1)	TEA-alt.
	Jill Gray	N/A	(1)	TEA
3) Older Americans Act	Paula Johnson	N/A	(1)	TDoA
4) Title XIX of the Social Security Act	Joyce Dawidczyk	N/A	(1)	THHSC
	Dena Stoner	N/A	(1)	THHSC-alt.

Table 2 Cont'd

5) Other Governmental Agencies	Pat Craig	N/A	(1)	TXMHMR-alt.
	Pam Farley	N/A	(1)	TDH-alt.
	Ann Horn	N/A	(1)	TCDHH
	D.J. Johnson	N/A	(1)	TDHS
	Beverly Koops	N/A	(1)	TDH
	Richard Smith	N/A	(1)	TXMHMR
	Barbara Loera	N/A	(1)	UT-Austin
D. Each UAP or Satellite	Penny Seay	N/A	(1)	UAP
E. State Protection and Advocacy	James Comstock-Galagan	1989	(1)	Advocacy, Inc. (AI)
	Judith Sokolow		(1)	AI-alt.
F. Local Agencies	Linda H. Parrish	1993	1999	
G. Non-Governmental Agencies				
H. Private Non-profit Organizations	Theda N. Hoyt	1996	2001	

(1) The Commissioner/Executive Director of each agency is asked to appoint a representative to the Council.

Abbreviation Key:

AI *Advocacy, Incorporated (Protection & Advocacy Agency)*
DD *Developmental Disabilities*
TCB *Texas Commission for the Blind*
TCDHH *Texas Commission for the Deaf and Hard-of-Hearing*
TDH *Texas Department of Health*
TDHS *Texas Department of Human Services*
TDoA *Texas Department on Aging*
TEA *Texas Education Agency*
THHSC *Texas Health and Human Services Commission*
TRC *Texas Rehabilitation Commission*
TXMHMR *Texas Department of Mental Health and Mental Retardation*
UAP *University Affiliated Program*
UT-Austin *University of Texas at Austin*

Role of the Developmental Disabilities Council

The Council, through Council members, staff, consultants, contractors, or subgrantees, fulfills the responsibilities listed in [(P.L. 103-230), Section 124 (c)].

The monitoring, review and evaluation of the State Plan implementation is carried out annually by staff under direction of the Planning Committee and accepted by the Council. The plan includes goals that define the general direction of the Texas program and provides a framework for designing more specific objectives, tactics and activities to implement these goals.

The Council seeks public input on changes to the State Plan goals, objectives and activities through mailings to stakeholders, including newsletter subscribers, advocacy and disability organizations, graduates of *Partners in Policymaking*, and other interested parties.

Texas Rehabilitation Commission: Designated State Agency

TRC is the State agency designated to supervise the administration of the State Plan on behalf of the Texas Planning Council for Developmental Disabilities, as designated by Governor William P. Clements in 1988. Figure 2 shows the TRC Organizational Plan and indicates the location of the DD Council within state government.

Following the 1970 enactment of Public Law 91-517, an amendment to the Mental Retardation Facilities and Community Health Centers Construction Act of 1963 (P.L. 88-164), a state Interagency Task Force and Interim Advisory Council was established by Governor Preston Smith. This ad hoc advisory council functioned until July 29, 1971, when the Governor designated the TXMHMR as the state agency responsible for administration of the Developmental Disabilities Program (DD Council). At that time, the Governor also appointed the first members of the new Texas Developmental Disabilities Planning and Advisory Council. This Council has continued to operate under the various amendments and Federal regulations which have established authority for the Texas DD Council.

Governor William P. Clements transferred responsibility for the DD Council from the TXMHMR to the TRC, as the State administering agency, effective January 1, 1983. The 68th Texas Legislature gave statutory authority to the Texas Planning Council for Developmental Disabilities through passage of House Bill 1985, effective August 29, 1983. The 69th Legislature amended the state statute through S.B. 118 which became effective September 1, 1985, codified as Chapter 112 of the Human Resources Code, Vernon's Texas Codes Annotated. Finally, pursuant to the DD Act of 1987, Governor Clements determined it in the best interest of the Council that TRC remain the designated state agency to the Council in June, 1988.

Since that time, the Council, through its Executive Committee, has considered whether a redesignation would enhance further the Council's effectiveness. The Council Chair and Executive Director have consulted with TRC Commissioner Arrell, the Public Policy Director for the Governor, and the Commissioner of the Texas Health and Human Services Commission. All of these parties concur with the Council's assessment that in an ideal situation, a Council should not be located in an agency that provides services. However, since TRC provides strong support to the Council, does not interfere in Council decisions, and encourages the Council to fulfill its mandate as a proactive systems advocate, all support the Council's current decision to not seek a redesignation at this time.

Vernon M. Arrell is the Commissioner of the TRC. His office is located at:

Texas Rehabilitation Commission
4900 North Lamar Boulevard
Austin, Texas 78751-2399
512/424-4000

The attached organizational charts depict the designated state agency, the Council's location in the designated agency, and the Council staff organizational structure.

Role of the Designated State Agency

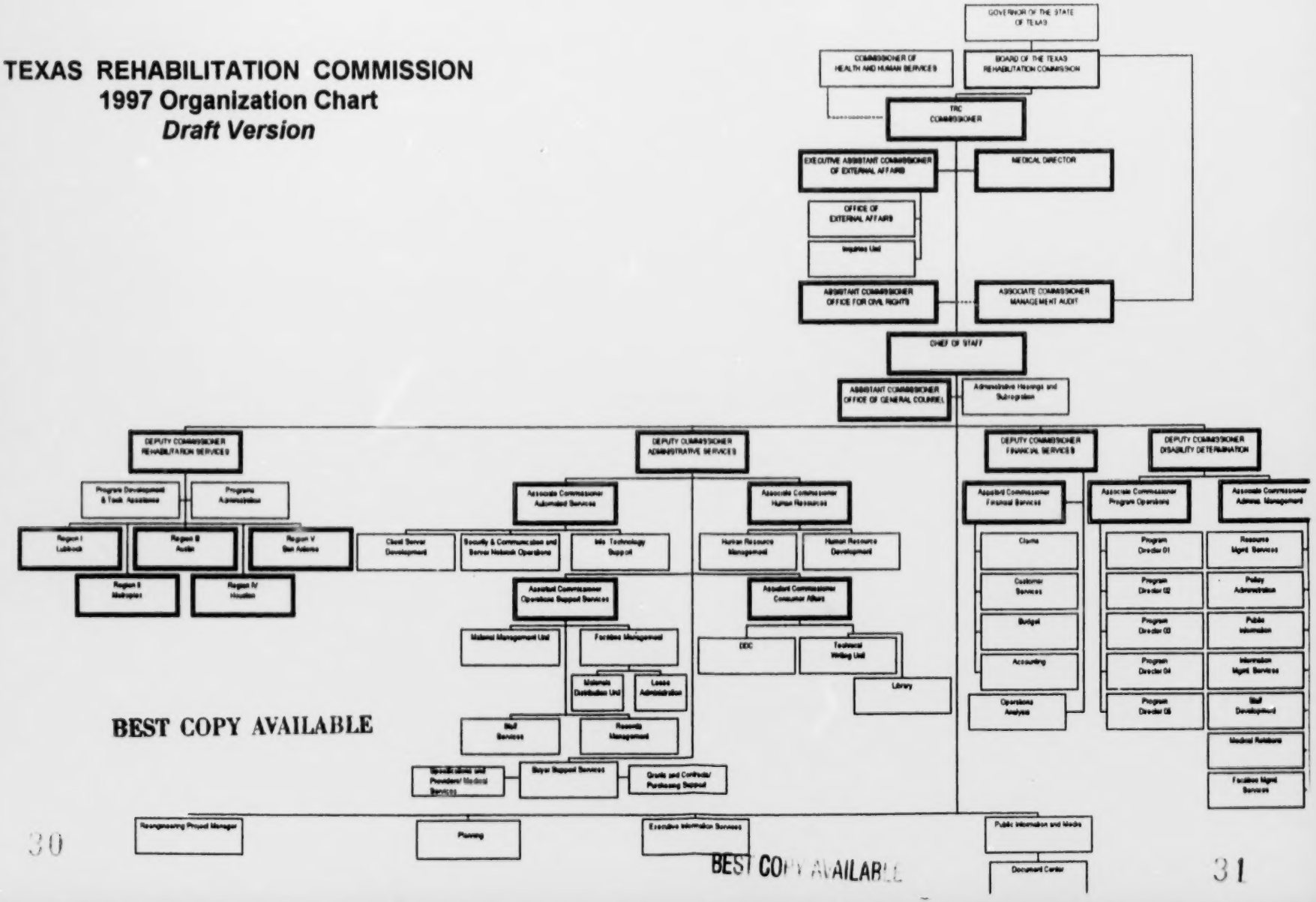
TRC administers, implements, and coordinates a continuum of programs designed to enable individuals with disabilities to live more independent lives.

TRC implements the state/federal rehabilitation program under the Rehab Act, other than programs for persons who are blind. Most rehabilitation services are provided statewide through one of the 145 field offices. Policy making and procedures are centralized and are established at the State level through the central office. To some extent, budgetary decisions are decentralized for most TRC programs.

TRC is responsible for providing administrative support and fiscal management services to the Council, including oversight in the following areas: hiring of staff; agency policies; securing material support; and the grants program process. Administrative services also include legal, purchasing, auditing and printing. The Commission authorizes publication of Requests for Proposals for grant projects and jointly approves members for independent review panels. Panelists review grants, select funded projects, and are responsible for disposition of grant appeals. TRC receives and disburses all Federal and State funds on behalf of the Council. Finally, TRC is responsible for keeping records and providing access to them by the Council and the Secretary of the TDHS.

The TRC has a policy not to accept any DD Council funds and has not applied for DD Council grants. However, in some instances the DD Council and TRC co-fund projects.

TEXAS REHABILITATION COMMISSION
1997 Organization Chart
Draft Version



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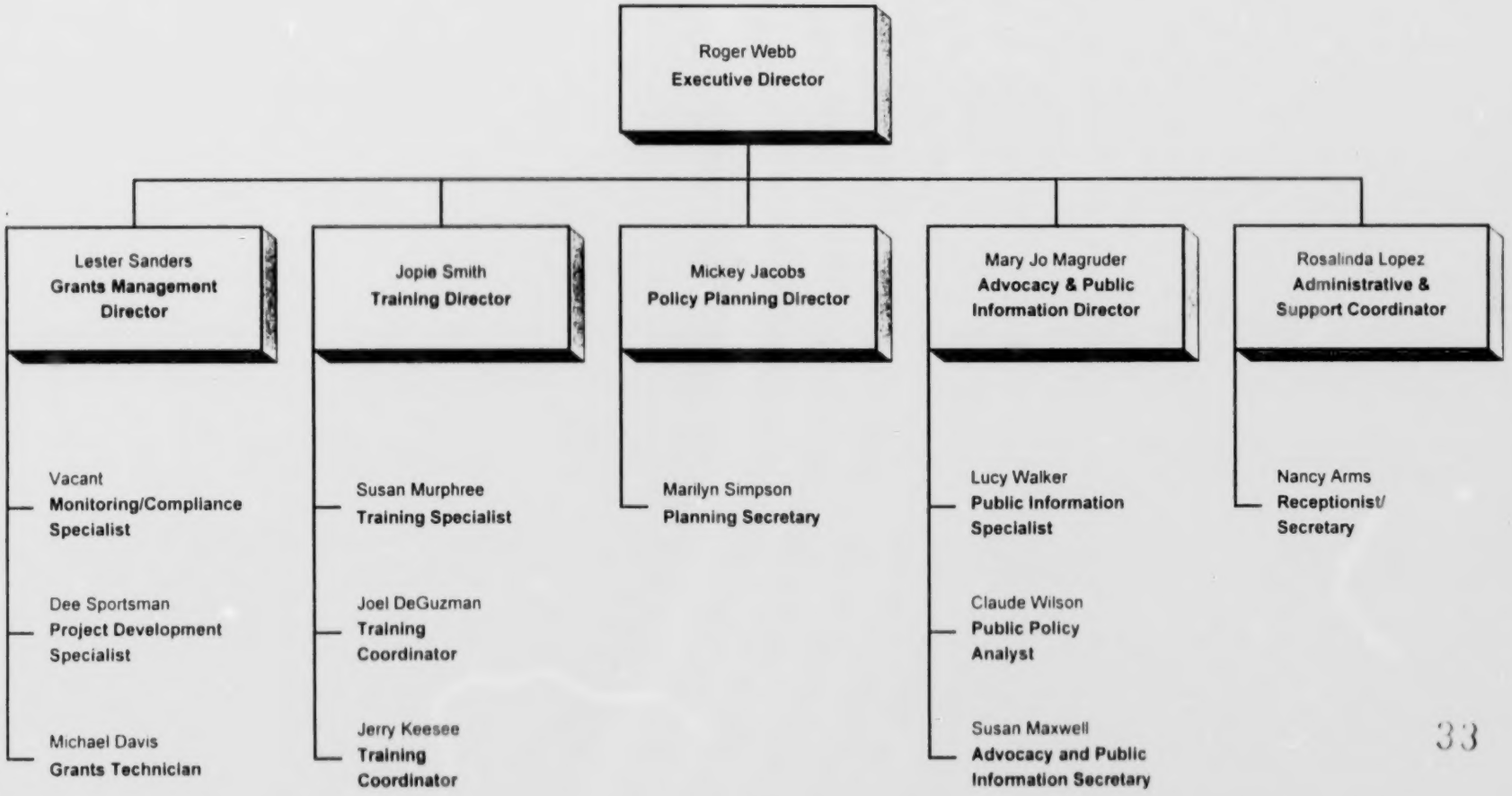
TEXAS PLANNING COUNCIL
FOR DEVELOPMENTAL DISABILITIES



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Section III: The State Review Process

As the rebuilding of Texas' service delivery system continues, the Council will continue to analyze and propose changes to the system in the hopes of a more comprehensive scope of services for Texans with disabilities with less fragmentation, less duplication and better utilization of the resources available.

The DD Act requires that the State Plan "contain a comprehensive review and analysis of the extent to which services and supports are available to, and the need for services and supports for, individuals with developmental disabilities and their families." The state plan is to be reviewed annually and revised at least once every three years.

The Council reviews the status of the State Plan on an annual basis to ensure activities are consistent with the State Plan. All projects are reviewed at least quarterly to ensure they are in compliance with federal mandates and that they meet the intent of the Council.

The Council has been involved in many projects to complement other programs or to demonstrate state of the art services that are not available in Texas. Recent Council grant projects address areas such as education, employment and community based services in order to highlight changes needed to service delivery systems. For example, an inclusive education systems change project is promoting inclusion of all students in neighborhood schools and regular classrooms. Community living systems change projects are developing transportation coordination models and employment systems change projects are creating opportunities and offering support to ensure the success of community integrated employment.

The Council has funded other projects that play a key role in assisting individuals with developmental disabilities to live, work and play in the community. Respite, information and referral, training, guardianship, child care, health care and assistive technology are areas in which the Council has played a key role. A complete listing of all current DD Council projects is included in Appendix A.

Review of Other State Plans

The following provides an overview of agencies and the services they make available to Texans based on an analysis of their plans and other major reports.

In 1991, as part of a complete assessment of state government, the Texas Performance Review identified a series of problems, including: (1) fragmentation, duplication and inefficiency caused by lack of coordination of twelve separate agencies;

(2) under-utilization of federal funds; and (3) federal impediments to improved service delivery.

Following this assessment of health and human services in the State of Texas, the Texas Health Human Services Commission was created by the 72nd Legislature as a means to address these problems.

- Health and Human Services Commission (HHSC):

HHSC was created to facilitate and enforce coordinated planning and delivery of health and human services in a manner that uses an integrated system to determine client eligibility, that maximizes the use of federal, state and local funds and that emphasizes coordination, flexibility, and decision-making at the local level. Unlike other commissions in Texas government, HHSC has no governing board and its commissioner holds final authority over the agency's operations.

HHSC's main functions include: coordinating the transfer of funds from one agency to another; establishing a federal health and human services funds management system to maximize the availability of those funds; developing automation standards for computer systems to enable agencies to share data; establishing and enforcing uniform regional boundaries for all health and human service agencies; undertaking statewide surveys and forecasting; facilitating agency compliance with the HHSC strategic plan; and arbitrating and rendering a final decision on interagency disputes. HHSC administers the Medicaid program and makes recommendations to the legislature regarding further reorganization of health and human service agencies and programs.

Education:

- Texas Education Agency (TEA)

The TEA is the single state agency designated to exercise control over the public system of elementary and secondary education in Texas. The TEA provides leadership, regulations and services designed to maintain and improve public education. The primary state responsibility is allocating state funds to local school districts through per capita aid and payments from the Foundation School Program. TEA also handles federal funds related to public education.

The TEA administers two programs that are resources to students with developmental disabilities:

- The Vocational Education program provides education to train students for employment. The Vocational Education for the Handicapped Program is a

federally-assisted portion of vocational education that is authorized under the Carl D. Perkins Vocational Education Act.

- The Special Education Program provides students with disabilities (age 3 through age 21) equal opportunities for a free, appropriate education based on their needs. Services are provided through local school districts which utilize both state and federal funds dedicated for educational services for students with disabilities. In FY 1991-92 10% of the total Texas student population received special education services.

  Services available include comprehensive individualized student assessment, individualized instruction in a variety of classroom settings and at home, special instructional equipment and materials and related services. Related services when needed to enable a student to benefit from specialized instruction include adaptive equipment, transportation, medical diagnostic services, audiological services, school health services and various forms of therapy.

  During the 73rd Legislature House Bill 1686 was passed and it established pilot programs for inclusion of students with disabilities in regular classroom settings. Senate Bill 5 appropriated $2 million in state funds and $13 million in federal funds for these programs. During the 74th session, funding was continued as a rider with $10 million allocated to Education Service Centers for distribution to schools to further inclusion related activities. In the 75th session, the rider was reworded to fund state inclusion activities based upon 10.5% of available discretionary IDEA funds. The amount for 1997 is $10.3 million. With increased federal funding, 1998 funds may exceed $13 million.

  Both state and federal reports indicate that the majority of children with disabilities in Texas are still receiving special education services in segregated settings.

➢ University Affiliated Program (UAP)

The overall mission of the UAP is "to increase the independence, productivity, and integration of people with developmental disabilities into all levels of community life through a coordinated program of interdisciplinary training, service delivery, technical assistance, applied research and information dissemination." Specifically, the mission of the Texas UAP is to serve as a catalyst to promote and support inclusive communities. The Texas UAP also houses the Texas Assistive Technology Partnership project (TATP), a project funded under the federal technology act.

Vocational Rehabilitation:

Programs included under the Rehabilitation Act of 1973, as amended, are administered by the Texas Rehabilitation Commission (TRC) and the Texas Commission for the Blind (TCB). The 1992 Amendments build on the Americans with Disabilities Act of 1990 by emphasizing respect for individual dignity, personal responsibility, self-determination, and pursuit of meaningful careers based on the informed choice of individuals with disabilities.

- Texas Rehabilitation Commission (TRC)

  The Texas Rehabilitation Commission administers, implements, and coordinates programs defined under the Rehabilitation Act of 1973, as amended. TRC is the state's principal authority on the rehabilitation of individuals with disabilities except those with visual impairments and those who are legally blind. TRC administers its programs through Vocational Rehabilitation (VR), Disability Determination Services (DDS) and Administration.

  TRC programs represent a continuum of services, with a variety of outcomes, ranging from competitive employment to simply living more independently in the community.

  TRC also provides administrative support services to the Texas Planning Council for Developmental Disabilities.

- Texas Commission for the Blind (TCB)

  The TCB offers a continuum of services, except welfare and education, for the state's citizens who are blind or visually impaired. The TCB also functions as an information and referral center for other services. TCB's goals for FY 1994 - 1996 are: (1) to assist Texans who are blind or visually impaired to live as independently as possible consistent with their capabilities; and (2) to help individuals who are blind or visually impaired secure or maintain employment consistent with their skills, abilities and interests.

Job Training:

- Texas Workforce Commission

  The mission of the Texas Workforce Commission (TWC) is to place Texans in jobs and equip workers with the skills needed to foster economic development. The TWC was created by House Bill 1863 during the 74th Legislative Session to consolidate 28 different programs from 10 different agencies into one organization to focus on workforce development. During a six month period of time, from December, 1995 to June 1, 1996, the TWC planned for and

successfully consolidated $406.9 million and 6,000 budgeted employees into the new Commission. At the same time, the Commission continued to provide regular services to program participants. As mandated by HB 1863 and the Comptroller's Final Report on the TWC, program staff were integrated into units with common functions to improve customer service and reduce duplication across programs.

As required by HB 1863, the TWC is now in the process of changing the way the state provides various job-related services to focus on meeting the needs of Texas business. In the past, the state has provided funds and services to local communities, making decisions on a statewide basis.

In the new system, local communities will have the option and opportunity to control some of these services through 28 regional Local Workforce Development Boards (local boards). Board areas are organized to reflect economically integrated geographical regions to allow business-driven local boards the flexibility to respond specifically to area business and economic needs.

Local boards will replace Private Industry Councils (PICs) around the state and will administer and customize training and employment programs for their areas. They can also have planning and fiscal responsibility for at least the following programs in their areas once a local service delivery plan is approved by the TWC:

- Job Training Partnership Act (JTPA),
- Job Opportunities and Basic Skills (JOBS),
- Food Stamp Employment and Training,
- Planning function for Child Care (this function transfers on September 1, 1997), and
- Planning function for Employment Services.

Texans with disabilities who meet generic eligibility requirements for the various programs consolidated under the TWC are eligible for these services.

The TWC will support boards as they form and will assist them to create and develop One-Stop/Workforce Centers that integrate a wide variety of services in the same physical location. Centers will also contain state Unemployment Insurance and Employment Service programs.

TWC has received applications for Board Certification from 22 of the 28 workforce areas. Of these 22 areas, the TWC has recommended 16 for action and the Governor has certified 13. The TWC's immediate goal was to have 20 boards certified, with one or more operational, by December 31, 1996. The TWC

is also working closely with areas that have not yet submitted applications to assist them in the process. This rapid formation of local boards is a clear indication that communities across Texas want the opportunity to design local service delivery plans to meet local needs.

Protection and Advocacy Services:

- Advocacy, Incorporated

The DD Act requires states to establish protection and advocacy systems in order to receive federal developmental disabilities funds. The system must be independent of any agency that provides treatment, services or rehabilitation to individuals with developmental disabilities and cannot be administered by the State Planning Council.

Advocacy, Inc. was established and began offering protection and advocacy services in 1977. Each year, Advocacy, Inc. develops a set of priority issues for each of its three federally funded programs, i.e., the Developmental Disabilities Protection and Advocacy Program, Mental Health Protection and Advocacy Program and the Client Assistance Program (CAP).

- Commission on Human Rights

The Commission on Human Rights was created in 1983 to enforce the policies in Title VII of the Civil Rights Act of 1964, the Age Discrimination and Employment Act of 1967, the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990. The Commission also administers and enforces the Texas Fair Housing Act.

This Commission has the authority to investigate and resolve complaints of discrimination based on race, color, sex, age or disability status by private employers with at least 15 employees, all public employers and labor organizations. The Commission provides technical assistance to aid in compliance with state and federal employment discrimination laws.

Public Assistance, Medical Assistance, Social Services and Child Welfare:

- Texas Department of Human Services (TDHS)

The Texas Department of Human Services helps millions of Texans each year through a variety of financial, medical and social services. The agency provides low-income families temporary financial assistance to help them meet basic needs, as well as employment and support services to help them become self-sufficient. TDHS licenses and regulates nursing homes and other long-term

care facilities and provides both institutional and community-based services for individuals who are elderly and those with disabilities.

In 1991 the agency's policy-making body, the Texas Board of Human Services, adopted a position statement that "people of all ages with disabilities can live in the community when provided appropriate services and supports". The statement is intended to guide TDHS as it plans and develops new policies, funding and programs for individuals with disabilities in the coming decade."

- Client Self-support Programs:

  Client Self-support Services (CSS) programs dispense basic financial, health, nutritional, and other aid to low-income families, while providing services aimed at encouraging long-term independence from public assistance.

- CSS programs include:

  — The Aid to Families with Dependent Children (AFDC) program
  — Medicaid Services
  — The Presumptive Eligibility Program
  — The Medically Needy program
  — The Food Stamp program
  — The TDHS Child Care program
  — The Special Nutrition Programs

- Long Term Care Programs:

  Long term care serves individuals who are elderly or have disabilities through community-based programs or in nursing facilities. TDHS is committed to developing a strong system of community-based services and enabling as many individuals as possible to live outside institutions.

  Community care services at TDHS include a broad array of supportive services designed to help individuals of all ages live in the community:

  — The Family Care program
  — Client-Managed Attendant Services
  — The In-Home and Family Support program
  — The Respite Care program
  — The Special Services to Persons with Disabilities program
  — The Adult Foster Care program
  — The Home-delivered Meals program
  — The Emergency Response System
  — Day Activity and Health Services facilities

— The Residential Care program

These Medicaid programs increase the ability of TDHS to provide long-term community care and enable more people with disabilities to remain in their homes:

— The Primary Home Care program
— The Community Living Assistance and Support Services (CLASS) waiver
— The Program of All-inclusive Care of the Elderly (PACE) waiver
— The Nursing Facility Waiver (Community Based Alternatives or CBA)

TDHS provides nursing facility services to eligible Medicaid clients in institutions throughout Texas:

— The Nursing Facility Program
— The Hospice program

- Office on Services to Persons with Disabilities

The Office on Services to Persons with Disabilities (OSPD) works with all TDHS program areas to help ensure that policies and programs support the agency's commitment to develop community services for individuals with disabilities. OSPD is a focal point through which consumers, advocates, service providers, TDHS staff, and other agencies can raise issues and concerns regarding services to individuals with disabilities.

➢ Department of Protective and Regulatory Services (PRS)

The Texas Department of Protective and Regulatory Services (PRS) was created by the Seventy-second Texas Legislature and is the state agency with primary responsibility for protective services for children, adults who are elderly or have disabilities living at home or in state facilities and the licensing of certain human services facilities.

The agency is divided into three main divisions: Adult Protective Services, Protective Services for Families and Children and Child-Care Licensing.

- PRS Adult Protective Services (APS)

APS responds to the abuse and neglect of adults who are elderly or have disabilities by offering the following services.

— Community-based Investigations and Services

— Facility Based Investigations
— Investigations in Community Mental Health and Mental Retardation Centers

In 1993 the 73rd Legislature instructed APS to assume guardianship of individuals with severe disabilities leaving CPS' conservatorship at age 18.

- PRS Protective Services for Families and Children (PSFC)

  PSFC protects children from abuse and neglect; helps families become safe for all family members; and provides a permanent place to live for children who cannot safely remain with their own families through the following programs.

  — Child Protective Services
  — Family Preservation Services
  — The Foster Care system
  — Adoption Services
  — Preparation for Adult Living Services
  — The Services to Runaways and At-risk Youth

- PRS Child Care Licensing (CCL)

  CCL regulates facilities that provide out-of-home care for children, day care and residential care, agencies that place children in foster care, residential care, and adoption, and administrators of residential care facilities. Minimum standards of care are developed and enforced and consultation, training and referral services are provided to improve the quality of child care. Reports of maltreatment or other violations are investigated by CCL workers.

➢ Texas Commission for the Deaf and Hard of Hearing (TCDHH):

The TCDHH provides direct services for individuals who are deaf or hearing impaired. TCDHH's functions are administered primarily through contracts with 23 community- based councils throughout the state.

TCDHH services include:

— Interpreter services
— The Early Intervention Program
— The Services to Older Hearing Impaired Texans
— The Interpreter Outreach and Training program
— Information and Referral services
— The Board for Evaluation of Interpreters

Comprehensive Mental Health:

- Texas Department of Mental Health and Mental Retardation (TXMHMR)

  TXMHMR is divided into two main sections responsible for ensuring the delivery of all services: Mental Health and Mental Retardation Services. Individuals with developmental disabilities may receive services through the programs of both sections. Reorganization of TXMHMR completed in 1996 differentiates the department administratively into provider and authority functions and combines mental health and mental retardation services within each of the two functions.

  TXMHMR requires that these core services be available throughout the state: information and referral, diagnosis and evaluation, case management, respite care, and family training and support. TXMHMR provides these services through the operation of psychiatric hospitals, state schools, state centers and through contracts with community mental health and mental retardation centers for services in local communities. Services are provided by hospitals, schools and centers in areas not served by community MHMR centers.

Maternal and Child Health and Children with Special Health Care Needs:

- Texas Department of Health (TDH)

  The TDH is the state's major health agency. TDH provides a variety of public health and regulatory services and has evolved into one of the state's most complex agencies.

  TDH is currently divided into seven major organizational units. Public health programs are grouped into six major areas of responsibility, with services provided both directly and by contracts with local public and private providers. Four of these major areas are described in the following section.

  TDH administers these bureaus in Environmental and Consumer Health:
  - — The Bureau of Environmental Health
  - — The Bureau of Consumer Health

  TDH administers these bureaus in Disease Control & Prevention:
  - — The Immunization Division
  - — The Bureau of Chronic Disease & Control
  - — The Bureau of Human Immunodeficiency Virus (HIV) and Sexually Transmitted Disease Prevention
  - — The Bureau of Epidemiology

  TDH administers these Health Care Delivery bureaus:

— The Bureau of Nutrition Services
— The Bureau of Dental Health
— The Bureau of Women and Children. Several programs administered by this bureau include:
    - The Maternal and Child Health program
    - The Chronically Ill and Disabled Children's Services
    - The Child Health Division
    - The Bureau of Community Oriented Primary Care

TDH administers this Special Health Service Bureau:
— The Bureau of Licensing and Certification

➢ Interagency Council on Early Childhood Intervention (ECI)

The ECI was created in 1981 to set policy and make rules for the Texas Early Childhood Intervention Program. The program provides family-focused and community-based services to Texas children under age three with developmental delay or those who are at risk of developmental delay.

Aging:

➢ Texas Department on Aging (TDoA)

The TDoA is the state agency designated to administer programs under the Older Americans Act of 1965 (OOA), as amended. The TDoA is mandated to serve Texans over the age of 60.

The TDoA mandates to develop and maintain a coordinated and comprehensive system of services for older Texans are accomplished through a network of 28 local Area Agencies on Aging (AAAs). TDoA has developed an organizational structure which supports program/resource development and places greater emphasis on the AAAs for local development and implementation of a coordinated and comprehensive service system. This approach also places the responsibility for the daily operation of the service system and its accountability on the AAAs and their network of service providers and Title III contractors.

Housing:

➢ Texas Department of Housing and Community Affairs (TDHCA)

The Texas Legislature created the Texas Housing Agency (THA) in 1979 to finance sanitary, decent, and safe dwelling accommodations for individuals and families with low-to-moderate incomes. During the 72nd Legislative Session the TDHCA was created by consolidating the THA and the Texas Department of

Community Affairs. With the creation of this single agency on September 1991, programs regarding housing were consolidated and local governments were provided better access to state coordination and aid in the provision of public services.

- U.S. Department of Housing and Urban Development (HUD)

  HUD is the federal agency mandated to administer the numerous federal programs designed to address the need for decent housing in a suitable living environment, to ensure equal housing opportunities for all, and to improve and develop the nation's communities.

  HUD provides long-term, direct loans to eligible, private nonprofit sponsors to finance rental or cooperative housing facilities. The interest rate is determined annually. The Section 202 program uses the federal definition of developmental disability. HUD programs assist low- and very low-income families in obtaining decent, safe, and sanitary housing in private accommodations.

  HUD also offers the Section 8 certificate and voucher programs. These two programs are run by local and state agencies and enable approximately 1.3 million poor families to live in affordable, privately owned housing. Household subsidies are determined by statutory and administrative differences.

Transportation:

- Texas Department of Transportation (TxDOT) - Section 16 grant program

  The Section 16 grant program is a federal program which provides public transportation funding to private and public nonprofit organizations which serve individuals who are elderly and/or individuals with a disability. The grant furnishes monies to purchase capital equipment such as vehicles and radios. The TxDOT - Public Transportation Division serves as grantee in administering this program. The grant is funded through the Federal Transit Administration (FTA).

- Office of Client Transportation Services

  The Office of Client Transportation Services was created by HB 7 and is charged with collecting data on health and human services client transportation needs, services and expenditures; creating a statewide transportation plan that coordinates local transportation providers; examining possible state-federal funding arrangements; examining the feasibility of consolidating all funding for health and human services client transportation through a system that matches state or local program needs with appropriate transportation services; and other related tasks. It is now administratively housed in the Health and Human

Services Commission (HHSC), and is a recipient of a grant funded by the Council.

The Office of Client Transportation Services set major goals in FY 1994 which include completing a preliminary statewide coordinated transportation plan and initiating coordinated service delivery.

Other Programs:

- Social Security Administration (SSA)

The SSA administers two disability programs: the Social Security Disability Insurance Program (SSDI), authorized by Title II, as amended, of the Social Security Act, and the Supplemental Security Income (SSI) Program, authorized by Title XVI, as amended.

In 1980, amendments were added to the Social Security Act that created the experimental Section 1619 provision. The Employment Opportunities for Disabled Americans Act of 1986 made the work incentives program (Section 1619 (a & b) permanent. This program enables SSI recipients to join the work force and retain eligibility for cash payments and Medicaid benefits until their ability to become self-supporting has been firmly established.

In 1989, the Omnibus Budget Reconciliation Act added new work incentive provisions for individuals with disabilities who receive Social Security Disability Insurance benefits. In the past, SSDI beneficiaries risked the loss of their Medicare coverage if they earned more than the Substantial Gainful Activity (SGA) threshold for cutting off SSDI benefits. The new law enables individuals with disabilities who return to work and earn more than the SGA to remain eligible for Medicare benefits.

1990 Report Update: Statewide Service Delivery System Review

The 1990 Report detailed that many individuals with developmental disabilities were not eligible for services, especially as adults, because they did not meet eligibility criteria for services provided through the Texas Department of Mental Health and Mental Retardation. Many of these individuals meeting the criteria of the federal developmental disabilities definition do not receive services in Texas for two reasons:

1) they do not qualify for services because of the diagnostic label of their disabling condition, that is, they have severe disabilities but they do not have mental retardation or mental illness; or

2) there are not enough residential, vocational, and home and community-based services offered through other agencies, or if services exist, they are not available on a statewide basis.

A second major finding was that the federal definition of developmental disability is not widely used in state programs. This resulted in differing state and federal criteria used to determine eligibility for services which in turn created barriers to services. It was also found that some disabilities, such as mental retardation, were emphasized in some programs while others, such as cerebral palsy and head injury, were not included.

Although many of the recommendations in the 1990 Report have been addressed, progress has been slow and is hindered by budgetary constraints and restricting policies and eligibility criteria. Funding for programs remains low and services are in many cases not available statewide. Many of the same programmatic and statutory barriers identified in the 1990 Report that impeded participation of underserved and unserved groups remain in existence.

Much work remains in developing a service delivery system that will adequately meet the needs identified in the 1990 Report and through subsequent input from consumers.

Section IV: State Plan

Federal Priority Areas

Each state developmental disabilities council is required by federal law to select one or more priorities as its major areas of attention. The Council chooses the federal priority areas based on an analysis of the current needs of the State and the needs of individuals with developmental disabilities and their families. The Texas Planning Council has selected: 1) employment, 2) community living, and 3) system coordination and community education activities as its priorities for 1998-2000.

The DD Act requires that the Plan provide for fair and equitable arrangements to protect the interest of employees of state facilities by Councils adopting community living as a priority area. The Council has available, upon request, copies of the TXMHMR employee protection policies and procedures document.

The Act further requires each State Developmental Disabilities Program to commit at least 65% of the federal allotment to "employment activities," and, at the discretion of the State, activities in any or all of the three other federal priority areas and a state priority area.

Examples of each priority area and activities the Council engaged in to meet their objectives follow.

Employment Activities:

Employment Activities are defined as "activities as will increase the independence, productivity, integration and inclusion into the community of individuals with developmental disabilities in the work settings." [Section 102 (10)]

Examples: supported employment, social security work incentives training.

The term "supported employment" means competitive work in integrated work settings for individuals with developmental disabilities — (A)(i) for whom competitive employment has not traditionally occurred; (ii) for whom competitive employment has been interrupted or has been intermittent as a result of a developmental disability; and (B) who, because of the nature and severity of their disability, need intensive supported employment services or extended services in order to perform such work." [Section 102 (28)]

Community Living Activities:

Community Living Activities are defined as "activities as will assist individuals with developmental disabilities to obtain and receive the supports needed to live in their

family home or a home of their own with individuals of their choice and to develop supports in the community." [Section 102 (5)]

Examples: inclusive education, respite services, community/consumer-controlled housing, in-home and family support services, supported living, empowerment.

System Coordination and Community Education Activities:

System Coordination and Community Education Activities are defined as activities that: (A) eliminate barriers to access and eligibility for services, supports and other assistance; (B) enhance system design, redesign, and integration, including the encouragement of the creation of local service coordination and information and referral statewide systems; (C) enhance individual, family and citizen participation and involvement; and (D) develop and support coalitions and individuals through training in self-advocacy, educating policy makers, and citizen leadership skills." [Section 102 (29)]

Examples: information and referral, transportation, managed care, aging/ developmental disibilities coordination.

Position Papers

In addressing its mission, the Council has adopted various position statements as central to its goals, objectives, and strategies. Copies of the current Council position papers may be found in Appendix B.

Plan Objectives

Each year the Council reviews and updates, if necessary, the goals, objectives, and strategies in its State plan based on an examination and analysis of the needs in the State. The State Plan goals and objectives serve as a blueprint for designing tactics and implementing activities which enable the Council to fulfill its mission and to address the Federal and State priority areas selected by the Council.

Public Review:

The Council made the draft State Plan available for public review and comment with appropriate and sufficient notice. In addition to posting a notice in the *Texas Register*, the Council oversaw an outreach effort designed to reach over 6000 stakeholders, including advocacy organizations, disability organizations, and human service agencies. Over 300 written responses were received, reviewed and considered. Significant revisions were made in response to public input. 36% of commenters expressed general agreement with the State Plan's goals, objectives and strategies. Of

those expressing disagreement, 70% expressed concern about Goal IA regarding community integrated employment. Results of the Council's public review activities are provided in appendix C.

Goals and Objectives:

The following presents the Council's goals and objectives for FY 1998-2000. Projected funding for objectives is also included. All projected funding represents preliminary estimates based on budget assumptions. Budget projections exclude time and effort of Council members and staff, which are not allocated by priority area or objective. Where staff activities are present, the phrase "staff activities" has been included. Grant or project names appear in parentheses after each strategy. Grant and projects are described in Appendix A, where project descriptions include activities, programs, project periods and federally mandated priority areas.

Mission

The mission of the Texas Planning Council for Developmental Disabilities is to create change so that all people are fully included in their communities and exercise control over their own lives.

Priority Areas

The Council proposes to address activities in the federal priority areas of community living, employment, system coordination, and community education.

Goal I

People with disabilities are included throughout all life experiences.

OBJECTIVE I-A:	**To help communities include people with disabilities.** (Projected funding: Federal $751,656; Non-Federal $314,480; Total $1,066,136)
Strategy I-A-1	Engage in education, training and technical assistance activities that promote integrated employment options to include people with disabilities. (Supported Employment Projects; staff activities)
Outcome:	One or more sites that demonstrate successful conversion from sheltered workshops to community integrated employment.
Outcome:	An increase in the number of employed people in community integrated positions.
Strategy I-A-2:	Promote inclusion of students with disabilities in neighborhood schools and regular classes. (Staff activities)
Outcome:	Increased participation in inclusive classes by students with disabilities.

Strategy I-A-3: Educate policy makers and civic leaders about policies and practices that result in community inclusion of people with developmental disabilities. (Staff activities)

Outcome: Adoption of policies, regulations, and laws that result in community inclusion of people with developmental disabilities.

Strategy I-A-4: Engage in activities which heighten awareness and increase services and supports to families who have a child with developmental disabilities at risk of being placed out of the home. (Permanency Planning Project; staff activities)

Outcome: An increase in the number of families receiving service and support which enable their children with developmental disabilities to live at home.

Outcome: Creation of four Family Support Collaboratives.

Strategy I-A-5: Develop and disseminate informational materials about community inclusion for advocates. (Staff activities)

Outcome: An increase in user-friendly informational and educational materials about Community Inclusion for Advocates.

Outcome: An increased knowledge about community inclusion, and positively-changed values and attitudes about community inclusion among the public.

OBJECTIVE I-B: **To redirect funding from supporting services delivered in institutional or segregated settings to inclusive community services.** (Projected funding: Federal $385,000; Non-Federal $128,300; Total $513,300)

Strategy I-B-1: Advocate for policy changes that remove biases for segregated residential facilities. (Staff activities)

Outcome: Redirected funds from segregated residential settings to community integrated supports.

Strategy I-B-2: Stimulate development and expansion of inclusive community services. (Inclusive Communities Project, Respite Support, Personal Assistance Services Project)

Outcome: An increased availability of respite services, including crisis and short-term services.

Outcome: An increased availability of personal assistance services.

Outcome: An increase in the number of communities that more fully include individuals with disabilities.

OBJECTIVE I-C: **To promote full access to comprehensive health care by people with disabilities.** (Projected funding: Federal $150,000; Non-Federal $80,800; Total $230,800)

Strategy I-C-1: Educate, train, and provide technical assistance to people with developmental disabilities and their families to understand and access health care in managed systems. (Managed Care Project; staff activities)

Outcome: An increased satisfaction of people with disabilities in the managed care system.

Strategy I-C-2: Promote public policy that provides full access to health care for people with developmental disabilities. (Staff activities)

Outcome: An increase in the number of public policies that assure full access to health care.

Goal II

People with disabilities have power and control over their own lives.

OBJECTIVE II-A: **To promote public policies that provide consumer choice, power, and control over services, supports, and/or benefits.** (Projected funding: Federal $150,000; Non-Federal $32,500; Total $182,500)

Strategy II-A-1: Create opportunities for people with developmental disabilities and their families to advocate for changes in public policy, and to serve on policy decison-making entities. (Staff activities)

Outcome: Policy changes in law, regulation, and practice.

Outcome:	An increased number of self-advocates and family members on public policy making entities.
Strategy II-A-2:	Disseminate information about the benefits, value, and effectiveness of consumer choice, control, and power to policy makers and the public at large. (Consumer Stipends; staff activities)
Outcome:	Informed public policy makers; desired changes in public policy.
OBJECTIVE II-B:	**Strengthen the self-advocacy and leadership skills of Texans with disabilities and their families.** (Projected funding: Federal $560,000; Non-Federal $109,000; Total $669,000)
Strategy II-B-1:	Support state, regional and local cross-disability advocacy networks. (Disability Policy Consortium; staff activities)
Outcome:	An increased number of cross-disability advocacy networks.
Strategy II-B-2:	Provide Partners in Policymaking for people with disabilities and their families. (Partners in Policymaking; staff activities)
Outcome:	An increase in the number of Partners graduates.

Goal III

People with disabilities have the available supports and services to allow them to make choices about the way they live

OBJECTIVE III-A:	**Advocate for changes to the current method for determining eligibility for options, supports and services to reflect functional criteria.**
Strategy III-A-1:	Advocate for public policy that implements a functional definition of disability for eligibility. (Staff activities)
Outcome:	Public policy changes.
OBJECTIVE III-B:	**Increase availability of options, supports and services.**

(Projected funding: (Projected funding: Federal $1,077,300; Non-Federal $638,750; Total $1,716,050)

Strategy III-B-1: Promote the development of funding resources that increase the availability of options, supports, and services. (Staff activities)

Outcome: An increased number of options, supports, and services available; increased appropriations for community inclusive and empowering programs.

Strategy III-B-2: Improve the knowledge of individuals and organizations that develop accessible, affordable, consumer-controlled housing. (Housing Assistance, Home of Your Own)

Outcome: An increased number of individuals who own, lease or rent their own homes.

Strategy III-B-3: Sponsor a statewide Best Practices Conference. (Best Practices Conference; staff activities)

Outcome: An increased number of Best Practices Conference participants.

Strategy III-B-4: Provide training and technical support in the use of Assistive Technology for people with developmental disabilities. (ABLE Kids)

Outcome: Increased number of training sessions in assessment for and utilization of assistive technology devices for people with developmental disabilities.

Strategy III-B-5: Promote the development of a statewide network of information and referral services coordinated through local information and referral providers. (Information and Referral Network)

Outcome: An increased number of counties with access to information and referral services.

Strategy III-B-6: Provide support for the establishment of a Special Needs Master Pooled Trust for individuals with disabilities. (Master Pooled Trust Support)

Outcome: Establishment of an ongoing Special Needs Master Pooled Trust.

Strategy III-B-7:	Develop local transportation coordination models, in large urban, small urban, rural, and border areas of the state. Each model will demonstrate a plan that will assure full access to local transportation for people with disabilities. (Transportation Project)
Outcome:	Creation of four models for fully accessible transportation .
Strategy III-B-8:	Increase the use of Plan(s) for Achieving Self-Support (PASS) and other Social Security Administration Work Incentives. (Social Security Work Incentives)
Outcome:	An increased number of persons using Social Security Work Incentives in Texas.
Strategy III-B-9:	Monitor developments of alternatives to guardianship. (Staff activities)
Outcome:	An increase in the number of alternatives to traditional guardianship for people who desire assistance with decision making.
Strategy III-B-10:	Promote integration of aging and developmental disability service systems. (Aging/DD Project)
Outcome:	Increased availability of services and supports for older individuals with developmental disabilities and/or their caregivers.
Outcome:	An increased number of older adults who have developmental disabilities using community programs.
Strategy III-B-11:	Advocate for changes to the current method of determining eligibility to a simplified eligibility process. (Staff activities)
Outcome:	Simplified or "one-stop shopping" eligibility determination.

Definitions

Developmental Disability: a severe, chronic disability of an individual 5 years of age or older that:

(A) is attributable to a mental or physical impairment or combination of mental and physical impairments;

(B) is manifested before the individual attains age 22;

(C) is likely to continue indefinitely;

(D) results in substantial functional limitations in three or more or the following areas of major life activity:

- (i) self-care;
- (ii) receptive and expressive language;
- (iii) learning;
- (iv) mobility;
- (v) self-direction;
- (vi) capacity for independent living; and
- (vii) economic self-sufficiency; and

(E) reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services and supports, or other assistance that is of lifelong or extended duration and is individually planned and coordinated, except that such term, when applied to infants and young children means individuals from birth to age 5, inclusive, who have substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

Federal Priority Areas

Community Living Activities: such priority area activities that will assist individuals with developmental disabilities to obtain and receive the support needed to live in their family home or a home of their own with individuals of their choice and to develop support in the community.

Employment Activities: such priority area activities as will increase the independence, productivity, and integration and inclusion into the community of individuals with developmental disabilities in work settings.

System Coordination and Community Education: activities that:

(A) eliminate barriers to access and eligibility for supports, and other assistance;

(B) enhance systems design, redesign, and integration, including the encouragement of the creation of local service coordination, information, and referral statewide systems;

(C) enhance individual, family, and citizen participation and involvement; and

(D) develop and support coalitions and individuals through training in self-advocacy, educating policy makers, and citizen leadership skills.

Section V: Assurances

In order to be approved by the Secretary, this State Plan contains the following assurances.

☐ Use of Funds:

With respect to the funds paid to the State under section 125, the State of Texas assures that:

(i) such funds will be used to make a significant contribution toward enhancing the independence, productivity, and integration and inclusion into the community of individuals with developmental disabilities in various political subdivisions of the State;

(ii) such funds will be used to supplement and to increase the level of funds that would otherwise be made available for the purposes for which Federal funds are provided and not to supplant non-Federal funds;

(iii) such funds will be used to complement and augment rather than duplicate or replace services for individuals with developmental disabilities and their families who are eligible for Federal assistance under other State programs;

(iv) part of such funds will be made available by the State to public or private entities;

(v) not more than 25 percent of such funds will be allocated to the agency designated under section 124 (d) for service demonstration by such agency and that such funds and demonstration services have been explicitly authorized by the State Developmental Disabilities Council;

(vi) not less than 65 percent of the amount available to the State under section 125 shall be expended for activities in the Federal priority area of employment activities, and, at the discretion of the State, activities in any or all of the three other Federal priority areas and an optional State priority area; and

(vii) the remainder of the amount available to the State from allotments under section 125 (after making expenditures required by clause (vi)) shall be used for the planning, coordination, administration, and implementation of priority area activities, and other activities relating to systemic change, capacity building, and advocacy to implement the responsibilities of the State Developmental Disabilities Council pursuant to section 124 (c). [(P.L. 103-230), Section 122 (c)(5)(A)(vi)]

❒ State Financial Responsibility:

The State of Texas assures that there will be reasonable State financial participation in the cost of carrying out the State Plan. [(P.L. 103-230), Section 122 (c)(5)(B)]

❒ Conflict of Interest:

The State of Texas assures that the State Developmental Disabilities Council has approved conflict of interest policies as of October 1, 1994, to ensure that no member of such Council shall cast a vote on any matter that would provide direct financial benefit to the member or otherwise give the appearance of a conflict of interest. [(P.L. 103-230), Section 122 (c)(5)(C)]

❒ Urban and Rural Poverty Areas:

The State of Texas assures that special financial and technical assistance shall be given to organizations that provide services, supports, and other assistance to individuals with developmental disabilities who live in areas designated as urban or rural poverty areas. [(P.L. 103-230), Section 122 (c)(5)(D)]

❒ Program Standards:

The State of Texas assures that programs, projects, and activities assisted under the plan, and the buildings in which such programs, projects, and activities are operated, will meet standards prescribed by the Secretary in regulation and all applicable Federal and State accessibility standards. [(P.L. 103-230), Section 122 (c)(5)(E)]

❒ Individualized Services:

The State of Texas assures that any direct services provided to individuals with developmental disabilities and funded under this plan will be provided in an individualized manner, consistent with unique strengths, resources, priorities, concerns, abilities and capabilities of an individual. [(P.L. 103-230), Section 122 (c)(5)(F)]

❒ Human Rights:

The State of Texas assures that the human rights of all individuals with developmental disabilities (especially those individuals without familial protection) who are receiving services under programs assisted under this part will be protected consistent with section 110 (relating to rights of individuals with developmental disabilities). [(P.L. 103-230), Section 122 (c)(5)(G)]

❒ Minority Participation:

The State of Texas assures that it has taken affirmative steps to assure that participation in programs under this part is geographically representative of the State, and reflects the diversity of the State with respect to race and ethnicity. [(P.L. 103-230), Section 122 (c)(5)(H)]

❒ Intermediate Care Facility For The Mentally Retarded Survey Reports:

The State of Texas assures that it will provide the State Developmental Disabilities Council with a copy of each annual survey report and plan of corrections for cited deficiencies prepared pursuant to section 1902(a)(31) of the Social Security Act with respect to any intermediate care facility for the mentally retarded in such State not less than 30 days after the completion of each such report or plan. [(P.L. 103-230), Section 122 (c)(5)(I)]

❒ Volunteers:

The State of Texas assures that maximum utilization of all available community resources including volunteers serving under the Domestic Volunteer Service Act of 1973 and other appropriate voluntary organizations will be provided for, except that such volunteer services shall supplement, and shall not be in lieu of, services of paid employees. [(P.L. 103-230), Section 122 (c)(5)(J)]

❒ Employee Protections:

The State of Texas assures that fair and equitable arrangements (as determined by the Secretary after consultation with the Secretary of Labor) will be provided to protect the interests of employees affected by actions under the plan to provide community living activities, including arrangements designed to preserve employee rights and benefits and to provide training and retraining of such employees where necessary and arrangements under which maximum efforts will be made to guarantee the employment of such employees. [(P.L. 103-230), Section 122 (c)(5)(K)]

❒ Staff Assignments:

The State of Texas assures that the staff and other personnel of the State Developmental Disabilities Council, while working for the Council, are responsible solely for assisting the Council in carrying out its duties under this part and are not assigned duties by the designated State agency or any other agency or office of the State. [(P.L. 103-230), Section 122 (c)(5)(L)]

☐ Noninterference:

The State of Texas assures that the designated State agency or other office of the State will not interfere with systemic change, capacity building, and advocacy activities, budget, personnel, State plan development, or plan implementation of the State Developmental Disabilities Council, except that the designated State agency, shall have the authority necessary to carry out the responsibilities described in section 124(d)(3). [(P.L. 103-230), Section 122 (c)(5)(M)]

☐ Other Assurances:

The State of Texas assures that this plan contains such additional information and assurances as the Secretary may find necessary to carry out the provisions and purposes of this part. [(P.L. 103-230), Section 122 (c)(5)(N)]

In our review of this submittal, we affirm the above cited material to be in compliance as required under (P.L. 103-230), Section 122 (c)(5).

Vernon M. Arrell, Commissioner
Texas Rehabilitation Commission

8-15-97
Date

Roger A. Webb, Executive Director
Texas Planning Council for
Developmental Disabilities

8-15-97
Date

Section VI: Budget Data
FY 1998 Projected Budget Information

Table III

Priority Areas
Projected Budget

(i) State: Texas **(ii) Federal Fiscal Year:** 1998

Priority Area	**(A)** Federal Share	**(B)** Recipient's Share	**(C)** Total Funding Projected
Federal Priority Areas:			
(1) Employment *	$751,656	$305,530	$1,057,186
(2) Community Living	934,300	314,700	1,249,000
(3) Child Development	0	0	0
(4) System Coordination /Community Educ.***	1,388,000	683,600	2,071,600
(5) State Priority Area Name:	n/a	n/a	n/a
(6) Total Priority Area****	$3,073,956	$1,303,830	$4,377,786

* Refer to the requirements section for funding requirements that must be met for approval of the State Plan or Amendments.

** Total Projected Funding is Federal projected plus matching projected funding.

*** Case Management is included in System Coordination/Community Education.

Table IV

Developmental Disabilities Council Projected Budget

(i) **State: Texas** (ii) **Federal Fiscal Year: 1998**

Activities Funded	(A) Federal Share	(B) Recipient's Share	(C) Total Funding Projected
Priority Area Activities			
(1) DDC In-house Activities	n/a	n/a	n/a
(2) In Poverty Areas	$165,000	$54,000	$219,000
(3) In Non-Poverty Areas	2,908,956	1,249,830	4,158,786
(4) Total Priority Area Activities	3,073,956	1,303,830	4,377,786
Other Activities			
(5) Plan'g, Coord. & Advoc.	1,035,735	160,000	1,195,736
(6) Desig. State Ag. Func.**	0	0	0
(7) Total Projected Funding	$4,109,692	$1,463,830	$5,573,522

(8) Total Fed. Funding for Desig. State Agency	$ 0

Optional Worksheet for Minimum Aggregate Match Calculation

Matching Requirement in DD Act, Sec. 125A	Federal Share from above	Match Factor	Match Amount
(9) 25% Match	$ 3,944,691 **#7A-(#1A+#2A)**	1/3	$ 1,314,897
(10) 10% Match	$ 18,333 **#2A**	1/9	$ 18,333
(11) Calc'd Minimum Match	$ 0	$ 0	$ 1,333,230 **#9C + #10C**

* Refer to the instructions for funding requirements that must be m t for approval of the State Plan or Amendments.

** Costs for the functions of the designated State agency if different from the DDC.

Appendices Index

- ❒ Appendix A: Profile of Grant Projects
- ❒ Appendix B: Council Position Papers
- ❒ Appendix C: Analysis of Public Input

Appendix A

Profile of Grant Projects

Texas Planning Council for Developmental Disabilities

4900 North Lamar Boulevard, Austin, Texas 78751-2399
(512) 424-4080 TDD (512) 424-4099 Fax (512) 424-4097
(800) 262-0334/E-Mail TXDDC@rehab.state.tx.us
Roger A. Webb, Executive Director

Jan R. Newsom, Chair
David L. Benson, Vice -Chair

TEXAS PLANNING COUNCIL FOR DEVELOPMENTAL DISABILITIES

PROFILES OF GRANT PROJECTS

JULY 1997

EMPLOYMENT PROJECTS

Local/Regional
Employment Systems Change Project
Project Period: January 1, 1993
December 31, 1997

Project Director: Tina Coy
Austin-Travis County MHMR Center
1430 Collier
Austin, TX 78704
512/483-5800

This project provides person-centered planning and supported employment for individuals who are currently in a workshop or other congregate setting. Extensive consultation and training are being provided which will enhance the Center's capacity to develop community employment resources. The system for employing individuals with severe disabilities is converting from day programming in congregate settings to jobs in regular community employment.

Local/Regional
Employment Systems Change Project
Project Period: March 1, 1993
August 31, 1997

Project Director: Carolyn Shelton
Collin County MHMR Center
708 South College
P.O. Box 828
McKinney, TX 75069
214/542-8737

This conversion project resulted in the closure of the Collin County MHMR Center workshop. The project provides extensive training, consultation and technical assistance related to community inclusion to staff, consumers, parents, and community members. All vocational services are provided in the community. A conversion guide has been developed.

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Increasing the Use of Plans for Achieving Self-Support (PASS) and other Social Security Administration Work Incentives

Project Period: June 1, 1996
May 31, 2001

Project Director: Penny Seay, Ph.D.
The Texas University Affiliated Program
The University of Texas at Austin
Sanchez Building 306/D5300
Austin, TX 78712
512/471-7621

This project, referred to as the PASS Project, is designed to increase the use of Social Security Administration (SSA) work incentives by people with developmental disabilities in Texas. The project provides training and technical assistance to a statewide network of 21 training sites and community training coalitions known as the Texas PASS Network (TPN). At least 280 PASS plans will be developed and approved. The project, through the TPN, assures that each county in Texas will have a trained resource person to assist with PASS plans.

Employment Project

Project Period: June 1, 1997
May 31, 2002

Project Director: Norine Jaloway
Imagine Enterprises, Inc.
1707 Ullrich Drive
Austin, TX 78756
512/451-7500

This project will utilize the expertise and knowledge of nationally recognized consultants, project staff, and employment experts in Texas to provide intensive training and technical assistance in integrated competitive employment to individuals, agencies and advocates. Training will include presentations at annual conferences, broad-topic regional training, and intensive strategic planning for conversion and development of services at the community level. Initiatives for employer awareness and leadership will be implemented.

COMMUNITY LIVING PROJECTS

Texas Respite Resource Network
Project Period: May 27, 1991
September 30, 1997

Project Director: Jennifer Cernoch, Ph.D.
Santa Rosa Health Care
519 W. Houston
P.O. Box 7330
San Antonio, TX 78207-0330
210/704-2794

The Texas Respite Resource Network has been instrumental in developing statewide and national awareness regarding respite issues. The project has worked on policy reform, legislative changes and statewide networking in order to develop a statewide respite system. Currently the project is monitoring the Home and Community Support Services Act rules development, supporting the Respite Task Force, and conducting training and information sessions. Five national conferences on respite have been convened by the project.

Personal Assistance Services Task Force
Project Period: December 1, 1991
November 30, 1997

Project Director: Belinda Carlton
Coalition of Texans with Disabilities
316 W. 12th Street, Suite 405
Austin, TX 78701
512/478-3366

The Personal Assistance Services Task Force (PASTF) provides a forum for identifying issues surrounding the provision of personal assistance services. The purpose of this project is to provide staff support for PASTF activities, to monitor PAS public policy issues, and to gather and disseminate information concerning personal assistance services. The project provides training, information and network development in local communities. A resource guide, "Working the Maze: An Overview of Personal Assistance Services in Texas," was printed and disseminated.

Family Support and Permanency Planning For Children with Developmental Disabilities
Project Period: June 1, 1996
May 31, 2001

Project Director: Sherri Hammack
Texas Health & Human Services Commission
4900 North Lamar Blvd., 4th Floor
Austin, TX 78751
512/424-6571

This project, also known as "Families Are Valued," is working to effect statewide systems changes in order to support children in families. Four local family support collaboratives throughout the state have been developed to focus on services to children with disabilities. Major activities are: statewide policy development; local implementation of independent case management and family partner models; training and technical assistance; public awareness and support; case review; community-to-community peer assistance; and program evaluation.

Inclusive Education Systems Change Project
Project Period: January 1, 1993 – August 31, 1997

Project Director: Rona Statman
The Arc of Texas
Inclusion Works!
P.O. Box 5368
Austin, TX 78763-5368
512/454-6694

This project provides statewide support to promote the inclusion of students with disabilities in neighborhood schools and regular classes. The project provides technical assistance and training to schools involved in inclusive education pilot projects. The project also monitors public policy issues that influence inclusive education. Partial funding for this project is provided by the Texas Education Agency for public information activities. Products include: a quarterly newsletter, a video on inclusive education and a resource library of inclusive education training materials. A statewide conference on inclusive education is held annually. A blueprint for inclusive education in Texas has been developed.

Texas Home of Your Own Project
Project Period: September 1, 1996 – August 31, 1999

Project Director: Jean Langendorf
United Cerebral Palsy of Texas
900 Congress, Suite 220
Austin, TX 78701
512/472-8696

This project is assisting individuals with disabilities to become homeowners. HOYO is demonstrating a comprehensive home ownership program in four communities; sharing knowledge about community partnerships and strategies for home ownership; and working with legislative, lending industry and social service systems to improve policies and practices which make home ownership possible for persons with disabilities.

Special Needs Master Pooled Trust
Project Period: December 1, 1996 – November 30, 2001

Project Director: Rona Statman
The Arc of Texas
1600 W. 38th Street, Suite 200
Austin, TX 78731
512/454-6694

This project is establishing and maintaining a Self Sustaining Master Pooled Trust to be used for supplemental special needs of individuals with disabilities while ensuring continued eligibility for public benefits. The Master Pooled Trust is marketed to families, attorneys, judges, and financial planners. The project conducts advisory and finance committee meetings to ensure success and evaluation of the trust.

Housing Project
Project Period: June 1, 1997
May 31, 2000

Project Director: Ginger Brown McGuire
The Enterprise Foundation
100 North Central Expressway, Suite 1299
Dallas, TX 75201
512/651-7789

The Consumer Controlled Housing Enterprise Project is intended to provide training and technical assistance to Texas communities wishing to increase accessible, affordable, and consumer-controlled housing for persons with disabilities. The project will provide support to local housing coalitions in Tarrant County, El Paso, Houston, San Antonio, Lufkin, Lubbock and McAllen. Assistance with grant writing for federal and state housing funds will be provided to targeted organizations and communities. Collaboration with the Texas Home of Your Own Coalition and statewide disability organizations will occur.

SYSTEM COORDINATION/COMMUNITY EDUCATION PROJECTS

Texas Disability Policy Consortium
Project Period: December 1, 1996
November 30, 2000

Project Director: Nancy Epstein
Advocacy, Inc.
7800 Shoal Creek Blvd., #171-E
Austin, TX 78757
512/454-4816

The Texas Disability Policy Consortium is an organization of 21 statewide disability advocacy groups. The Consortium's mission is to identify, formulate positions on, and educate public officials regarding public policy issues of concern to persons with disabilities and their families. Member organizations have the opportunity to jointly endorse and publicly support such positions. The project provides administrative and professional staff support to assist the Consortium. Training is provided to local communities and individuals on effective legislative and advocacy skills. Grant products include: an electronic bulletin board system and a cross-disability legislative newsletter.

Conference Coordination
Project Period: May 1, 1997
February 28, 1998

Project Director: Cheri Chase
Conference and Meeting Planners International
5304 Spring Meadow Rd.
Austin, TX 78744
512/444-8844

This project provides support and assistance to the TPCDD staff for coordination of various training activities including a statewide best practices conference, regional seminars and a national Partners In Policymaking academy.

Support for Partners in Policymaking
Project Period September 1, 1991
May 31, 1998

Project Director: Frank Walsh, J.D.
The Walsh Company
P.O. Box 5631
Austin, TX 78763-5631
512/478-9779

This project provides administrative support for the Partners in Policymaking leadership program. It assists the DD Council in coordinating training support activities necessary to implement the Partners program. Project staff manage resources, make arrangements for airline transportation, and reimburse individuals and speakers for the Partners in Policymaking sessions, advanced training and Partners testifying in Austin and/or attending other meetings.

ABLE KIDS: A Statewide Assistive Technology Program for the Early Childhood Intervention Program
Project Period: June 1, 1992 – May 31, 1998

Project Director: Nancy Hellstrom
Children's Habilitation Center
2219 Babcock Road
San Antonio, TX 78229
210/614-1910

This project provides training and technical support in the use of assistive technology in ECI programs for children 0-3 years of age. Trainings will be held in 12 regions of the state including areas which are considered underserved. Key components of the project include a training video, team training at Education Service Centers, video consultation for ECI programs, video teleconferencing, and development of an assistive technology equipment catalogue.

Texas Information and Referral Network
Project Period: September 1, 1991 – August 31, 1998

Project Director: Judy Windler
Texas Health & Human Services Commission
Texas Information & Referral Network
4900 North Lamar Blvd., 4th Floor
Austin, TX 78751
512/424-6540

The purpose of this project is to promote the development of a statewide network of information and referral (I&R) services which are coordinated through local I&R Centers. The project implements recommendations of "Information and Referral in Texas: A Plan to Improve Services" that was completed with funding by the Council. The project establishes regional networks of I&R programs, provides technical assistance in attaining professional standards in I&R and is developing an automated health and human services information system. Grant products include: "Finding Help in Texas - A Directory of I&R Providers," "Texas Health and Human Services Dictionary of Terms," and the State Information and Referral System (SIRS) database.

Local Transportation Coordination Models
Project Period: October 1, 1995 – May 31, 2000

Project Director: Christine Janek
Texas Health & Human Services Commission
Office of Client Transportation Services
4900 North Lamar Blvd., 4th Floor
Austin, TX 78751
512/424-6581

The Office of Client Transportation Services (OCTS) is developing four local transportation coordination models in Denton, El Paso, Bastrop, Harris, and Brazoria/Galveston counties. Each site has a local coordinator and local coordination team. Each of these models will provide the opportunity for a community to shape a transportation system that meets the needs of all of its citizens, including people with disabilities. Each coordinator and team will develop and implement a plan that will assure full access to services for people with disabilities, and will maximize the use of resources. OCTS will evaluate the models for statewide applicability and establish a consolidated planning process for funding and delivery of transportation services.

Managed Care Access and Safeguards for People with Developmental Disabilities
Project Period: October 1, 1996
May 31, 1999

Project Director: Barrett Markland
Advocacy, Inc.
7800 Shoal Creek Blvd., Suite 171-E
Austin, TX 78757
512/454-4816

Healthcare Matters! is a managed care training and education project which will result in successful participation of people with disabilities in managed care. The project will provide training and technical assistance to stakeholders within the managed care system, i.e., persons with disabilities, managed care organizations, policy makers, advocates, and state agency personnel.

Support for Individuals with Developmental Disabilities Who Are Aging
Project Period: October 1, 1996
May 31, 2001

Project Director: Christy Fair
Texas Department on Aging
4900 North Lamar Blvd., 4th Floor
Austin, TX 78751-2316
512/424-6850

The project will establish, in all 28 area agency on aging (AAA) service regions, permanent collaborative work groups composed of AAA staff and service providers, agencies that serve individuals with developmental disabilities and stakeholders from the public and private sectors. The result will be a well-integrated service system that people with disabilities who are aging and their caregivers can access easily from multiple entry points and be assured of receiving assistance (including personal futures planning) from personnel who are knowledgeable about, and responsive to their needs.

PROJECTS COORDINATED BY COUNCIL STAFF

Partners in Policymaking

An innovative educational and leadership-training program, the first annual Partners in Policymaking class started in August 1990. Partners in Policymaking is designed for adults with developmental disabilities and parents of young children with developmental disabilities. Participants from across the state meet two days a month, for eight months, to explore current developmental disabilities issues, best practices, and the policymaking and legislative processes in order to strengthen self-advocacy skills and increase personal empowerment. The outcome of this project, managed directly by Council staff, is to increase the ability of participants to interact with public officials, to influence the development of public policy, and to obtain the most appropriate state-of-the-art services for themselves and others. For further information, contact Jopie Smith at 512/424-4089 or Susan Murphree at 512/424-4095.

Consumer Stipends

This project provides stipends which enable consumers and families without organizational support to attend conferences, workshops, meetings and other events. Funds of up to $5,000 are awarded to organizations sponsoring events in Texas that promote consumer empowerment and involvement in activities that enhance independence, productivity and community integration for people with developmental disabilities. Organizations must apply for stipends at least 120 days before an event. For more information about stipend applications, contact Lester Sanders, Grants Management Director, at 512/424-4084. Since the project began in late 1989, 102 stipend grants have been awarded.

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Appendix B

Council Position Papers

Position Statements

of the

4900 North Lamar Blvd., Austin, Texas 78751-2399
(512) 483-4080 TDD (512) 483-4099
FAX (512) 483-4097

* Community Living
* Children and Families
* Health Care Reform
* Education
* Employment
* Criminal Justice System
* Child Care
* Case Management
* Transportation

Community Living

Position Statement

All people with developmental disabilities in Texas expect to live in and be a part of a community.

For some individuals, various accommodations may be necessary to make this possible. All people need accommodations at specific times during their life. Accommodations for people with developmental disabilities may be sustained for either longer or shorter duration and may be of greater or lesser intensity. These accommodations are any combination of supports and services which enable people to participate fully in community life. Examples may include physical accessibility, attendant services, medication monitoring and respite, and other supported living and employment services.

Services to children must be available in their natural family. When children cannot remain with their natural family, they must have the opportunity for family life through extended, foster or adoptive families.

Adults with developmental disabilities will direct their own lives and make choices about where, how and with whom they live. In certain instances, some individuals may need assistance to make choices and decisions. However, like other members of the community, they must be able to experience both the successes and failures that come with taking risks.

Adopted August 7, 1992

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Position Statement on Children and Families

All children belong in families. Family life gives children love, caring, nurturing, bonding and the sense of belonging and permanence that best enable children to grow, develop and thrive. Children with disabilities are no different from other children in their need for the unique benefits that come only from growing up in a permanent family relationship.

Families of children with disabilities often need supports and services to sustain family life and keep their child at home and included in the community.

Therefore, it is the position of the Texas Planning Council for Developmental Disabilities that:

1. All children can and should live in a family. All children need a family to best grow, develop and thrive. All children deserve the love, nurturing and permanency that are unique to family life.
2. Families come in many shapes, sizes and configurations. No matter its composition, a family offers a child a home and a lifelong commitment to love, belonging and permanency.
3. Families should have available the level of supports and services needed to keep children with disabilities in their own homes.
4. To be effective and beneficial, supports and services must be easy to access, family-driven, individualized, flexible to changing needs and circumstances, culturally sensitive and based on functional needs rather than categorical labels.
5. When children cannot remain in their own families, for whatever reason, they still deserve to live and grow up in a family. The first priority should be to reunite the family through the infusion of services and supports. When that is not possible and the family can remain actively involved in the child's life, the natural family should be a key participant in selecting an alternate family situation for their child, including foster families, co-parenting and adoption.
6. When families are not actively involved in their child's life, permanency planning must occur to allow the child to live in a family.

The Texas Planning Council for Developmental Disabilities believes that when children with disabilities grow up in families, the community at large accepts the value of providing supports to children and families at home so that children remain and become participants and contributors to their communities.

The Texas Planning Council for Developmental Disabilities believes that the state of Texas should adopt a public policy statement recognizing the value of families in children's lives and develop programs, policies and funding mechanisms that allow all children to live and grow up in a family.

Adopted, May 13, 1994

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Five Principles of Health Care Reform

Non-Discrimination - All people, regardless of their disability or age, must be able to fully participate in the nation's health care system. They must have access to health care which:

- ❑ prohibits pre-existing condition exclusions;
- ❑ prohibits rating practices that discriminate against higher users of health care;
- ❑ ensures that all persons, regardless of income or health status, have access to needed health-related services; and
- ❑ ensures continuity and portability of coverage.

Comprehensiveness - All people, regardless of their disability or age, must have access to a health care system that ensures a comprehensive array of health, rehabilitation, personal, and support services across all service categories and sites of service delivery. In addition to the traditional acute care hospital and physician services, comprehensive health-related services include:

- ❑ preventive services, including services to prevent the worsening of a disability;
- ❑ health promotion/education services;
- ❑ diagnostic services;
- ❑ long and short term home and community-based services;
- ❑ prescription drugs, biologicals and medical foods;
- ❑ mental health and counseling services;
- ❑ rehabilitation services, including audiology, occupational therapy, physical therapy, respiratory therapy, speech-language pathology services, cognitive, vision and behavioral therapies, and therapeutic recreation;
- ❑ personal assistance services and independent living services; and
- ❑ durable medical equipment and other assistive technology devices, equipment and related services.

Choice - All people, regardless of their disability or age, must be assured that comprehensive health, rehabilitation, personal and support services are provided on the basis of individual need, preference and choice which:

- ❑ ensure consumer choice in relation to services and providers;
- ❑ ensure a range of service settings through an integrated delivery system;
- ❑ ensure appropriate amount, scope and duration of services; and
- ❑ ensure the availability of trained personnel.

Equity - All people, regardless of their disability or age, must be ensured equitable participation in the nation's health care system and not be burdened with disproportionate costs. An equitable system:

- ❑ limits out-of-pocket expenses and cost sharing requirements for participants;
- ❑ provides access to services based on health care need, not income level or employment status; and
- ❑ ensures adequate reimbursement for service.

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Efficiency - All people, regardless of their disability or age, must have access to a health care system that provides a maximum of appropriate effective quality services with a minimum of administrative waste. An efficient system:

- reduces administrative complexity and minimizes administrative costs;
- allocates resources in a more balanced way between preventive services, acute care, rehabilitation and chronic care management; and
- maintains effective cost controls so that all people can get the health care services which they need.

Adopted by the Texas Planning Council for Developmental Disabilities on May 8, 1992

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Education

Position Statement

WHEREAS, all people with developmental disabilities in Texas shall have the opportunity to achieve their maximum potential for independence, productivity and integration into the community; and

WHEREAS, education is a lifelong learning process which is vital to attaining a full and complete life; and

WHEREAS, the Texas Planning Council for Developmental Disabilities believes that all students regardless of individual needs must be provided with necessary and appropriately trained and supported staff, related services, individualized curricula, and assistive equipment needed to provide an individualized and appropriate education in regular, age-appropriate classrooms; and

WHEREAS, the Council believes that full inclusion should be approached as a value and underlying philosophy by which we educate all students. We believe that successful inclusion requires reconceptualizing teacher education programs so that all educators and administrators are prepared to work with the full range of students in inclusive settings. Special education is not a separate educational system, but rather a service provided to people with specific needs within the general educational system. Professional preparation programs should emphasize the shared responsibility of all educators and administrators for all students; and

WHEREAS, the Council believes that full inclusion requires the ongoing, shared responsibility of students, parents, guardians, educators, administrators and the community at large;

THEREFORE, it is the position of the Texas Planning Council for Developmental Disabilities that all students have a right to learn, play and work with students their own age, in the same schools, classrooms and other educational programs attended by their brothers, sisters and neighbors; and these schools, classrooms and programs must be both physically and programmatically accessible to all students.

Adopted November 15, 1991

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Employment

Position Statement

A basic value of American society is that people are productively employed, receive a reasonable wage for their work and contribute to the community in which they live. Earning wages increases one's choices about where and how to live, work and use leisure time. When providing employment opportunities for people with developmental disabilities, certain principles should be observed and implemented. They are:

1. People with developmental disabilities should be involved in all aspects of decision making that affect their lives.

2. People with developmental disabilities should have opportunities to make well-informed choices and decisions throughout their lifetime, including the opportunity for early and ongoing education about work, career planning, and job experience.

3. People with developmental disabilities expect jobs in regular workplaces that provide opportunities for growth, advancement and benefits that are available to all workers.

4. Some individuals with developmental disabilities need specialized accommodations or supports. It is the joint responsibility of the service system, employers and society to work collaboratively to meet individualized needs which go beyond an employer's responsibility to provide reasonable accommodations.

Adopted May 8, 1992

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Position Statement on

People with Disabilities and the Criminal Justice System

People with disabilities experience greater problems with the criminal justice system than society at large for a variety of reasons including general discrimination, lack of knowledge and training about disabilities, inadequate supports and representation in criminal justice proceedings, unreliable and inconsistent assessments for legal competency and sanity, inadequate continuity of care requirements, and the lack of adequate community services and supports to avoid involvement with the criminal justice system, initially or through recidivism.

The Texas Planning Council for Developmental Disabilities believes that the following fundamental principles apply to people with disabilities who come in contact with the criminal justice system.

❑ People with disabilities share with all other people the rights to equal protection and due process under the law.

❑ People with disabilities are also afforded certain protections under the Americans with Disabilities Act, and these protections extend to involvement with the criminal justice system.

❑ People with disabilities, like all other people, have both rights and responsibilities. When the rights of people with disabilities are fairly (including mitigating circumstances) and equally (including reasonable accommodations) protected, people with disabilities must accept (like all other people) responsibility for criminal activity. (Nothing in the statement above is to be interpreted as a position either for or against the death penalty.)

❑ In order for a standard of fair and equal treatment for people with disabilities to be realized, there must be significant changes to the current system.

Therefore, TPCDD believes these changes must occur in the following areas:

Recognition

❑ Includes training of law enforcement about disabilities including recognition that a person might have a disability, skill in communicating with people with disabilities, and understanding of stereotypes and stigma about disabilities unrelated to criminal activity.

Early Intervention

❑ Includes valid screening and assessment of disability, and comprehensive training of arresting and booking personnel.

(Continued on back)

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Due Process

❑ Includes reliable and consistent assessment of, and standards for, legal competency, sanity and fair representation at each stage of criminal justice proceedings.

❑ For individuals not adjudicated or found legally responsible for criminal responsibility, people with disabilities must have the same right as the rest of society for return to the "least restrictive environment" in the community.

Reasonable Accommodations

❑ Includes, at all stages of criminal justice proceedings, accommodations to assist in understanding and participating in one's own defense, with physical and cognitive accommodations and assistance in decision making if needed.

Community Supports and Services

❑ Includes supports and services which allow individuals with disabilities to maintain independence, become productive, contributing members of the community, and avoid initial involvement with the criminal justice system or return to the system through recidivism.

❑ Also includes continuity of care to foster smooth and successful transition to the community.

❑ Examples of needed services and supports include but are not limited to housing, attendant services, medication monitoring, assistive technology, and supported living and employment services.

TPCDD recognizes that prevention, early intervention, due process, reasonable accommodations, and community supports and services are interwoven and overlapping components of a comprehensive system and that all must be available at all stages of an individual's involvement with the criminal justice system.

Adopted June 14, 1996

Child Care

Position Statement

Affordable quality child care is a critical need of families in order that they may pursue work and other activities with confidence. Children with developmental disabilities, with accommodations when needed, can be included in the same programs available to all children.

Quality programs center on the needs of each child and involve active parent participation. All children benefit from an inclusive environment that promotes physical, social and intellectual well-being leading toward ever increasing independence.

Child care providers must have opportunities for education and training that will prepare them to work with the full range of children in inclusive settings in order to make this a reality.

Adopted August 7, 1992

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Case Management

Position Statement

It is the position of the Texas Planning Council for Developmental Disabilities that the full inclusion and participation of people with developmental disabilities in community life requires that they are aware of the services and supports available to them, that they have choices about which of those services and supports they use and, most importantly, that they have the central role in planning and directing their future. These goals are most readily achieved when individuals and their families have the opportunity to have an independent case manager who will assist in the planning, coordinating and accessing of needed services and supports.

Case management must involve the active participation of the individual at all stages in the development of plans that affect that person. The case management system should be independent. By independent, the Council means the case manager is independent or separate from the direct delivery of other services received by the individual or family. The Council believes this will assure better coordination of services and supports from a variety of public and private agencies as well as generic community resources. An independent system also enables case managers to maintain the integrity of their advocacy role.

A case management system must be designed to provide lifelong availability to the individual and allow individuals the right to:

- ❑ refuse services;
- ❑ request alternate services, providers or case managers; and
- ❑ appeal decisions made about the services they receive.

Eligibility for case management should be based solely on the functional needs of the individual, not the etiology of the disability or the ability to pay. The service must be readily accessible and be staffed by individuals who:

- ❑ are committed and well trained;
- ❑ have caseloads of manageable size; and
- ❑ spend most of their time in direct contact hours.

Case managers coordinate services and supports based on the particular needs and preferences of the individuals they serve. To that end, it is the responsibility of the case manager to advocate on behalf of the individual, to help the individual become empowered to act on his or her own behalf, and to support the right of that individual to make decisions and to take risks based on informed choice and his or her own goals and values.

Case managers must be knowledgeable about the system, be creative in their ability to make it work and serve a facilitative role in bringing individuals, families and providers together. While case managers should be available to assist and consult with providers to ensure services are delivered, they also have a responsibility to monitor the quality of services received.

Adopted August 23, 1990

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Transportation

Position Statement

Within our society, freedom of movement is a fundamental right. It is also an essential component of any effort to enable all citizens to live as independently as they choose; to engage in productive self-sustaining activity; and, most importantly, to be fully integrated within their communities. A transportation system has many components and must meet the needs of citizens in an accessible and affordable manner. However, the right to freedom of movement remains a largely unfulfilled promise for citizens with disabilities.

It is therefore, the policy of the Texas Planning Council for Developmental Disabilities that all publicly funded and/or regulated transportation services, whether urban or rural, shall be fully accessible to all people with disabilities.

Adopted September 8, 1989

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Appendix C

Analysis of Public Input

Public Input Analysis
1998-2000 draft State Plan for Texans with Developmental Disabilities

Summary of Comments:

36% of commenters expressed general agreement with the State Plan's goals, objectives and strategies. The remaining 64% expressed disagreement. Of those, 70% expressed concern about Goal 1A. Most commenters told personal stories of a son, daughter, sibling or friend successfully working in a sheltered workshop. Their concerns are reflected in the following quote from one commenter; "Given the choice, many people with disabilities may choose to work in the community, but the key word here is "choice...Please do not take that opportunity away from them."

IA wording change is proposed to address this. Other proposed changes combine similar ideas, expand on certain concepts, and clarify measurable outcomes.

Proposed Changes:

IA

- Revise wording to emphasize conversion from workshops to community integrated employment.
- Revise wording of outcome IA2 to an increase in participation in inclusive classrooms.
- Include the idea of increasing family awareness about services in strategy IA4.
- Combine strategies of developing and disseminating informational materials about community inclusion.

IB

- Include short term and crisis services.

IIA

- Expand IIA1 to include serving on policy making entities, merge IIA4 into IIA1, and delete IIA3 (already in IIA2).
- Reverse outcomes for IIA1 and IIA2.
- Add IIA1 outcome for increased number of self advocates and family members serving on policy making entities.

IIB

- Reword outcome IIB1 from consensus to an increased number of advocacy networks.
- Change IIB2 outcome to an increase in Partners graduates.
- Eliminate IIB3 (addressed in IIA1).

IIIB

- Add accessible concept, and expand the outcome of IIIB2 to include leasing a home.
- Expand strategy IIIB4 to people with disabilities of all ages. Delete reference to low tech in outcome, since it could limit future initiatives.
- Reword strategy IIIB9 to say 'assistive decision making models' to emphasize the need for consumer supports to facilitate independent decision making.

Analysis of public input:

- Total number of commenters = 307 (heavy concentration from Garland, Dallas)
- Commenters expressing general agreement = 79
- Commenters expressing general agreement with minor revisions = 31
- Commenters expressing disagreement = 197

Comments on Goal IA (Inclusion) = 1
IA1 = 117
IA2 = 13
IA3 = 1
IA4 = 4
IA5 = 1
IA6 = 1

Comments on Goal IB (Redirect funds from institutional to inclusive community) = 3
IB1 = 2
IB2 = 7

Comments on Goal IC (Access to helath care) = 3
IC1 = 1
IC2 = 1
Proposed addition of IC3 = 1

Comments on Goal IIA (Promote policies for choice, power and control) = 1
IIA4 = 1

Comments on Goal IIB (Self advocacy and leadership) = 2
IIB1 = 2
IIB2 = 3
IIB3 = 1

Comments on Goal IIIA (Functional eligibility determination) = 1
IIIA1 = 3

Comments on Goal IIIB (Increase availability of options) = 1

IIIB1 = 1
IIIB2 = 5
IIIB3 = 2
IIIB4 = 5
IIIB5 = 1
IIIB6 = 1
IIIB7 = 3
IIIB8 = 1
IIIB9 = 4
IIIB10 = 2
IIIB11 = 1

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